

JF&CS

JEWISH FAMILY AND CHILD SERVICE OF GREATER TORONTO

Jewish Family and Child Service of Greater Toronto
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CRA Registered Charity
118974229R0001

JEWISH FAMILY & CHILD SERVICE VOLUNTEER APPLICATION

1. Name: _____
2. Address: _____

Postal Code: _____
3. Phone: Home (____) _____ Bus: (____) _____
Cell: (____) _____ Email: _____
4. Best time/place to be contacted: _____
5. Are you 18 years of age or older? _____
6. What is your current and/or previous occupation? _____

7. How did you learn of the JF&CS volunteer program? _____
8. What are your reasons for wanting to participate in this volunteer program? _____

9. What is your area of interest? _____

10. Please describe the recent education and training you have received. _____
11. Please describe the length and nature of any previous volunteer experience. _____
12. What are your special interests, skills or hobbies? _____

13. What languages do you speak/write/read? _____
14. How many hours can you volunteer weekly/monthly? _____
When are you available to volunteer?
Mornings () Afternoons () Evenings () Weekends ()
15. For what length of time are you able to commit yourself to a volunteer placement? _____

16. Is there anything that the Agency should be aware of that might impact on your ability to carry out your volunteer responsibilities? _____
17. Do you have a valid driver's licence currently not under suspension? _____
As a volunteer, if you will be driving clients in your vehicle, you will be required to obtain a 3-year uncertified driver's record issued by the Ministry of Transportation.
18. Emergency contact: _____

Please list three references who may be contacted. These people must have known you for at least one year, and can speak to your personal character and skills. They must have known you in a work or volunteer role, such as a supervisor, teacher, or manager.

- A. Name: _____
Phone: _____
Email and/or Mailing address: _____
Relationship to you: _____
- B. Name: _____
Phone: _____
Email and/or Mailing address: _____
Relationship to you: _____
- C. Name: _____
Phone: _____
Email and/or Mailing address: _____
Relationship to you: _____

I understand in making this application that any work I may become involved in relating to Jewish Family and Child Service is confidential.

If accepted as a Jewish Family and Child Service volunteer, I know, agree, and understand my role as a volunteer and what is expected of me. I will abide by these expectations and the policies of Jewish Family and Child Service.

I will not hold Jewish Family and Child Service liable for any assault by a child, youth and/or adult of the Agency.

Please read carefully:

The information on this application form will be treated in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA). It will be used by Jewish Family & child for the purposed of selecting, placing and communicating with volunteers. The information will not be shared with any other organization. Completing this application form constitutes express consent to the collection, use or disclosure of this information for the purposes described.

Date

Signature