FALL RIVER JEWISH HOME, INC.
VOLUNTEER APPLICATION

THIS FORM WILL HELP US TO KNOW YOU BETTER AND THEREBY HELP US MAKE THE BEST PLACEMENT POSSIBLE FOR YOU AND FOR THE RESIDENTS OF THE HOME.

1. DATE: _____

2. NAME:_____

3. ADDRESS:_____

4. PHONE #:_____

5. WHY DO YOU WANT TO VOLUNTEER HERE?

_____

_____

_____

6. LIST YOUR INTERESTS, TALENT, SKILLS, AND HOBBIES (MUSIC, SPORTS, GAMES, DANCE, DRAMA, ARTS & CRAFTS, GARDENING, WRITING, ETC.)

_____ _____ _____

_____ _____ _____

_____ _____ _____

7. DO YOU LIKE TO READ ALOUD? YES NO

8. DO YOU PREFER GROUP WORK OR ONE-TO-ONE?

_____

9. HAVE YOU HAD ANY WORK EXPERIENCE? IF SO, WHAT?

_____

10. AVAILABILITY DAYS OF THE WEEK PREFERRED:_____

HOURS AVAILABLE: MORNINGS(specify) _____

AFTERNOONS(specify)_____

EVENINGS(specify) _____

11. ANY COMMENTS YOU WISH TO MAKE?_____

_____

_____ _____

SIGNATURE **DATE** **10/09**