



VolunTEEN INFORMATION

Date: _____

NAME: _____
Last First Middle

ADDRESS:

Street Address

City State zip code

DATE OF BIRTH: _____
Month / Day

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____
Name Relationship Phone

STUDENT? ___ yes ___ no

SCHOOL/COLLEGE/UNIVERSITY: _____

MAJOR, if applicable: _____

VOLUNTEER EXPERIENCE:

Please list all the places you have volunteered in the past. If no volunteer experience, list relevant work experience.

SYNAGOGUE OR CHURCH:

SPECIAL TRAINING/SKILLS:

HOBBIES:



PLEASE LIST THE DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER:

VOLUNTEER DAYS

TIMES/DATES AVAILABLE

HOW DID YOU HEAR ABOUT THE JEWISH HOME?

STATEMENT OF CONFIDENTIALITY:

If accepted as a volunteer at The William Breman Jewish Home, I pledge to keep secret, all personal and official matters which come to my attention. It is my responsibility to respect and preserve the privacy of the patient as well as any details involved.

Signature

For office use only:



Please return this application to:

Shauna Horvath, Volunteer Director
William Breman Jewish Home
3150 Howell Mill Road, N.W.
Atlanta, GA 30327-2199
volunteer@wbjhome.org