



## JEWISH FAMILY AND CHILD SERVICE OF GREATER TORONTO

**Jewish Family and Child  
Service of Greater Toronto**  
4600 Bathurst Street  
Toronto, ON M2R 3V3

T: 416-638-7800  
F: 416-638-7943

info@jfandcs.com  
www.jfandcs.com

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Sharon List

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Talyah Breslin

**Gordon S. Wolfe Branch**  
365 Bloor Street East  
Suite 1904  
Toronto, ON M4W 3L4

T: 416-961-9344  
F: 416-961-9351

**York Region Branch**  
9600 Bathurst Street  
Suite 242  
Vaughan, ON L6A 3Z8

T: 905-303-5838  
F: 905-303-5892

**Jerome D. Diamond  
Adolescent Centre**  
196 Keewatin Avenue  
Toronto, ON M4P 1Z8

T: 416-482-3023  
F: 416-482-3014



CRA Registered Charity  
118974229RR0001

## 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