

Signature

I agree to maintain confidentiality in all matters regarding refugees.
 I verify that the information on this application is true & accurate to the best of my knowledge.
 I agree to keep a record of all volunteer time & activities and to report these to the Volunteer Coordinator at the end of each week or month (TBD).

Signature: _____ Date: _____

Printed Name: _____

I give permission to Journey's End Refugee Services to use and reproduce photographs and video shots taken of me and my immediate family, including my minor children, and to reproduce my name (or any fictional names). I agree that such use may be in all forms and media, for any and all purposes including publication and advertising of every description. No claim of any kind will be made by me.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Printed Name: _____

Permission to Conduct Background Investigation

I hereby authorize a Verified Person to procure a Background/Consumer Report which I understand may include but is NOT limited to information regarding my character, criminal background and motor vehicle history.

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character and general reputation.

Social Security #: ____ - ____ - _____

Signature: _____ Date: _____

Printed Name: _____

** JERS Board of Trustees and agency insurer, Church Mutual, recommend that we utilize the services of Choicepoint ScreenNow.*

Journey's End Refugee Services

PO BOX 885
 Buffalo, NY 14213
 Elaine Smyth-Bogumil 882-4963x15
 volunteer@iersbuffalo.org

Volunteer Application Form

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Date of Birth: _____

Driver's License: Yes No If Yes, License #: _____

State of Issue: _____ Class: _____

Yes, I will comply with all applicable traffic regulations including child seat requirements when I transport people. Signature _____ Date: _____

Indicate the type of volunteer work that interests you. (Check all that apply.)

- ESL Tutor Citizenship Tutor Mentor/Teach Daily Tasks
- Driver Donations Pick-Up Donations Sorting Special Events
- Telephone/Reception Newsletters/Media Data Input Other

Please describe previous volunteer experience: _____

What is your availability? Indicate all the days & times that you are available.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| PM | | | | | | | |

CHURCH OR GROUP AFFILIATION

Name of Affiliate Group: _____

Assignment _____ Date _____

Describe your main reasons for wanting to volunteer. (Check all that apply.)

- Desire to help others
- Interest in community involvement
- Gain experience and develop skills
- Establish work record and build resume
- Meet people and network
- Fulfill community service hours
- Other (please specify) :

EMPLOYMENT

Are you currently employed? Yes No

Position/Title: _____

Employer: _____

If not please list your *relevant* work experience. _____

EDUCATION

Educational Level Completed: High School College Post-Graduate

If attended college what was your major or focus of study? _____

LANGUAGES

Do you speak any foreign languages?

| | | | | |
|-------|-------|------|-------|--------|
| _____ | Speak | Read | Write | Fluent |
| _____ | Speak | Read | Write | Fluent |
| _____ | Speak | Read | Write | Fluent |

OVERSEAS EXPERIENCE

Country: _____ When: _____ How long: _____

Country: _____ When: _____ How long: _____

Country: _____ When: _____ How long: _____

REFERENCES

For ex.: A present or former employer, educational institutions, acquaintance belonging to a recognized profession who has known you for at least 2 years.

Name: _____

Address: _____ Phone #: _____

Relationship to volunteer: _____

How long have you known: _____

Name: _____

Address: _____ Phone #: _____

Relationship to volunteer: _____

How long have you known: _____

Name: _____

Address: _____ Phone #: _____

Relationship to volunteer: _____

How long have you known: _____

I would like to attend the Orientation for New Volunteers on _____.