



Jewish Family Services  
of Washtenaw County

**MISSION STATEMENT**

Jewish Family Services of Washtenaw County enhances the lives of individuals and families through social services, education, and advocacy.

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On behalf of Jewish Family Services we are excited that you would like to volunteer your time with our agency! Your contribution of time & talent supplements and enhances the work of our agency, enabling JFS to take on new projects, develop and expand our programs, and support the needs of our clients and the community.

JFS is a private, nonprofit agency dedicated to improving lives and enhancing the well-being of those in the community. Since 1993 we have provided support, education, comfort and companionship to those in need. Although we strive to provide services in a manner sensitive to Jewish culture, values and ideas, JFS encourages diversity and serves everyone.

We believe that you'll find personal satisfaction by donating your time, energy, and skills to support our agency. Expanding our services depends on the contributions of individuals like yourself. Our success depends on the support of our volunteers. Your interest in Jewish Family Services is truly appreciated and we all look forward to working with you!

Sincerely,

LeahZaas, LLMSW

Older Adult Services Coordinator/Volunteer Services

leahz@jfsannarbor.org

(734) 769-0209, ext. 357





Jewish Family Services  
of Washtenaw County

## Volunteer Application Form

### General Information:

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Social Security # (upon our request) \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home or cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Best time to reach you \_\_\_\_\_

### Health Information:

Do you have any restrictions that might limit volunteer assignments? If yes, please explain:

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### Education:

Highest level completed \_\_\_\_\_ Degree(s) \_\_\_\_\_ Field(s) of study \_\_\_\_\_

Other specialized training \_\_\_\_\_

Current students only:

Are you volunteering for credit?    No    Yes

Number of hours required per week \_\_\_\_\_

Please list your permanent address and phone (if different from above): \_\_\_\_\_

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Please list your last two jobs:

| Company/Title | Job Description | Address & Phone Number |
|---------------|-----------------|------------------------|
|               |                 |                        |
|               |                 |                        |

Why would you like to become a JFS Volunteer? \_\_\_\_\_

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### Volunteer Availability:

(Please mark the blocks of time you are tentatively available with an "X")

|           | 9- 11 am | 11-1 pm | 1- 3 pm | 3-5 pm | 5-7 pm |
|-----------|----------|---------|---------|--------|--------|
| Monday    |          |         |         |        |        |
| Tuesday   |          |         |         |        |        |
| Wednesday |          |         |         |        |        |
| Thursday  |          |         |         |        |        |
| Friday    |          |         |         |        |        |
| Saturday  |          |         |         |        |        |
| Sunday    |          |         |         |        |        |

### JFS Areas of Interest

#### Older Adults:

- Friendly Visitors
- Partners in Care Concierge™ (medical appointment accompaniment)
- Telephone Visitor
- \_\_\_\_\_

#### Resettlement Clients:

- Conversational English (ESL students)
- Friendly Visitors
- Tutoring
- Furniture Delivery/Donations
- Acclimating to the Community
- \_\_\_\_\_

#### General Assistance:

- Office/clerical
- Fundraising
- Food Pantry
- \_\_\_\_\_

## Special Skills/Interests

Please place a checkmark next to any particular skills or experiences you wish to share:

|  |   |  |                          |
|--|---|--|--------------------------|
|  | Arts/crafts                                     |  | Public speaking          |
|  | Child care                                      |  | Refugee resettlement     |
|  | Computers/data entry                            |  | Personal caregiving      |
|  | Driving   |  | Senior programming       |
|  | Experience with developmentally disabled adults |  | Special events volunteer |
|  | Grant writing                                   |  | Educator (where?)        |
|  | Judaic culture/history/customs                  |  | Telephone visitation     |
|  | Home maintenance & repairs                      |  | Translation – languages? |
|  | Meals on Wheels delivery                        |  | Tutor – subjects?        |
|  | Musician/singer/storyteller                     |  | Writing                  |
|  | Organizational skills                           |  | Audiovisual/computer     |
|  | Professional skills – please list               |  | Health care - role?      |

Other special skills:

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I prefer to work with:

- Older adults
- Families
- Resettlement/refugees
- Inside the agency/office
- Special events only

**References:**

(Please list three personal/professional references)

| Name | Address or E-mail | Telephone Number |
|------|-------------------|------------------|
|      |                   |                  |
|      |                   |                  |
|      |                   |                  |

**In case of emergency please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_

\_\_\_\_\_  
**Volunteer Signature**  
(Must be signed by legal guardian if under age 18)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian Signature (if needed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Signature**

## Confidentiality Agreement for Volunteers

The relationship between Jewish Family Services of Washtenaw County (JFS) and the people it serves is confidential. Protecting that relationship is an essential part of the agency's obligation to its clients. All JFS volunteers are expected to observe the principle of confidentiality in obtaining and releasing information about clients. Information about clients is made known to volunteers as representatives of JFS and is to be used only for the purpose of providing service.

Specifically, this means you may not:

- Use a client's name in any conversation outside the program setting.
- Discuss one client's problems with another client.
- Describe a client's case in such a manner that the client could be identified outside the program setting.
- Give out any information, written (including copies) or oral (by phone or in person) to anyone outside the program setting. This includes telling anyone you have had contact with the client.
- Remove any records or papers from the program setting that contains client information without written permission from the client and JFS.
- Read a client's records, except with the written permission of the Volunteer Coordinator or designee.

Violation of any of the above standards could mean immediately dismissal as a JFS volunteer.

I, \_\_\_\_\_ (please print name) have read and understand the standards regarding confidentiality and agree to abide by them.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



Jewish Family Services  
of Washtenaw County

## Employee/Volunteer Background Screening Consent

As a prospective volunteer of **Jewish Family Services of Washtenaw County**, I understand that it is the agency's policy to secure conviction and criminal history information as part of the volunteer screening process. I, \_\_\_\_\_, hereby authorize **Jewish Family Services** to make an independent investigation of my background, references, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications as a volunteer now and, if applicable, during the tenure of my volunteer service with **Jewish Family Services of Washtenaw County**.

I release **Jewish Family Services** from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Date of Birth\*: \_\_\_\_/\_\_\_\_/19\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Race\* \_\_\_\_\_ Gender\* F M

Driver's License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

**\*NOTE: The above information is required for State of Michigan background checks only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. JFS abides by all applicable state and federal employment laws.**

## **JFS Volunteer Code of Conduct**

I understand that my active participation in Jewish Family Services of Washtenaw County's Volunteer program is important to the success of my involvement, and the organization's efforts. Therefore I agree to abide by the following rules for my participation:

- I understand that my consistent participation is important and I will honor my time and service commitment.
- I will respect the rights, dignity and worth of all people involved within the Volunteer program. I will be a positive role model for the clients with whom I have contact.
- I understand that the relationship I have with the clients is important and I will not include other people in our activities, including members of the client's family or my family.
- I understand that my role as a volunteer is a matter of trust and will not pursue any activities with the client(s) outside the confines of the organization's program.
- I understand that I may learn personal information about others that I will keep confidential.
- I will not engage in activities that pose a serious risk of injury to myself and others, including but not limited to, use of alcohol or drugs (illegal or that impair my ability to perform my duties), or smoking in the presence of clients.
- I will refrain from any form of personal abuse towards others, including verbal, physical and emotional abuse.
- I will not engage in any inappropriate contact or relationship with a client or other participant of the organization's programs.
- I will be alert to any form of abuse from other sources directed toward clients.
- I will not arrange nor participate in any overnight activities with clients (or other prohibited activities) without express permission from the organization.
- I will inform the client's family of any activity plans and obtain their approval as needed.
- I will not buy gifts nor give money to any client. Whenever in doubt of the appropriateness of a modest gift I will check with the organization.
- I will maintain regular contact with my supervisor by responding promptly to any calls, letters, or other means of communication. I also understand that the organization may request a meeting to discuss my participation and I will respond promptly.
- I understand that if a problem arises between the client and/or the client's family or caregiver, I will contact the organization immediately.
- I understand the importance of ending my involvement with the clients and the organization properly, and I will participate in the organization's exit procedures.
- I agree to follow all established rules and guidelines of the organization



## Volunteer Application

- It is acknowledged/agreed that any developed subject matter, trademarks, and/or service marks or other proprietary information developed by the volunteer during their relationship with JFS shall become and remain exclusive property of JFS.

I have read and agree to abide by the Jewish Family Services of Washtenaw County's Code of Conduct. I understand that if I violate this Code of Conduct I will be subject to a range of consequences, up to and including being prohibited from participating in any activities or programs of the organization.

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Volunteer Signature

Date

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Staff Signature

Date

Rev. 4-2-14

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**Signature**

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**Date**