



## VOLUNTEER ENROLLMENT FORM

| Today's Date:   |  |   |   |   |   |  |
|---|--|---|---|---|---|--|
| PERSONAL INFORMATION  |  |   |   |   |   |  |
| LAST NAME   | FIRST NAME   | MIDDLE NAME   | GENDER  |   |   |  |
|   |  |   | <input type="checkbox"/> Male <input type="checkbox"/> Female |   |   |  |
| STREET ADDRESS  | CITY   | STATE   | ZIP   |   |   |  |
|   |  |   |   |   |   |  |
| HOME PHONE  | CELL PHONE   | BIRTH DATE  | EMAIL   |   |   |  |
|   |  |   |   |   |   |  |
| Do you reside in Johnson County?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |   |  |
| Are you currently...?   |  | <input type="checkbox"/> A student<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Retired |   |   |   |  |
| EMERGENCY CONTACT INFORMATION   |  |   |   |   |   |  |
| NAME  | PHONE  | RELATIONSHIP  |   |   |   |  |
|   |  |   |   |   |   |  |
| SKILLS & INTERESTS  |  |   |   |   |   |  |
| Education & Background  |  |   |   |   |   |  |
| Current Occupation & Place of Work  |  |   |   |   |   |  |
| Hobbies Skills & Interests  |  |   |   |   |   |  |
| Previous Volunteer Experience   |  |   |   |   |   |  |
| How did you hear about Village Shalom?  |  |   |   |   |   |  |
| What days and times are best for you to volunteer at Village Shalom?  |  |   |   |   |   |  |
| Why do you want to volunteer?   |  |   |   |   |   |  |
| Why did you choose Village Shalom?  |  |   |   |   |   |  |
| Is there a specific volunteer activity you would like to do at Village Shalom? Check all that apply.  | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Special Events/Dinners<br/> <input type="checkbox"/> Outings<br/> <input type="checkbox"/> One-on-one visits<br/> <input type="checkbox"/> IT/Computer assistance<br/> <input type="checkbox"/> Dining Services<br/> <input type="checkbox"/> Play an instrument               </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Special Projects (Admin)<br/> <input type="checkbox"/> Activities/Programs<br/> <input type="checkbox"/> Presentations<br/> <input type="checkbox"/> Reading groups<br/> <input type="checkbox"/> Maintenance/Housekeeping<br/> <input type="checkbox"/> Other               </td> <td style="width: 33%;"></td> </tr> </table> |   |   | <input type="checkbox"/> Special Events/Dinners<br><input type="checkbox"/> Outings<br><input type="checkbox"/> One-on-one visits<br><input type="checkbox"/> IT/Computer assistance<br><input type="checkbox"/> Dining Services<br><input type="checkbox"/> Play an instrument | <input type="checkbox"/> Special Projects (Admin)<br><input type="checkbox"/> Activities/Programs<br><input type="checkbox"/> Presentations<br><input type="checkbox"/> Reading groups<br><input type="checkbox"/> Maintenance/Housekeeping<br><input type="checkbox"/> Other |  |
| <input type="checkbox"/> Special Events/Dinners<br><input type="checkbox"/> Outings<br><input type="checkbox"/> One-on-one visits<br><input type="checkbox"/> IT/Computer assistance<br><input type="checkbox"/> Dining Services<br><input type="checkbox"/> Play an instrument | <input type="checkbox"/> Special Projects (Admin)<br><input type="checkbox"/> Activities/Programs<br><input type="checkbox"/> Presentations<br><input type="checkbox"/> Reading groups<br><input type="checkbox"/> Maintenance/Housekeeping<br><input type="checkbox"/> Other  |   |   |   |   |  |

|   |   |   |  |
|---|---|---|--|
| How often are you planning on volunteering?   |   | <input type="checkbox"/> 1 hr/wk<br><input type="checkbox"/> 2-9 hrs/wk<br><input type="checkbox"/> 10+ hrs/week (TB test required) | <input type="checkbox"/> Sporadic/Special Events<br><input type="checkbox"/> Other |
| <b>IS VOLUNTEER TIME REQUIRED?</b>  | <b>IS YES, HOW MANY HOURS ARE REQUIRED?</b> | <b>BY WHOM?</b>   | <b>BY WHEN?</b>  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |  |
| Have you ever pled guilty or no contest to or been convicted of a crime other than minor traffic violations? If yes, please explain (NOTE: "Will discuss" or similar comments are not acceptable) |   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| <b>CONFIDENTIALITY STATEMENT</b>  |   |   |  |

*As a volunteer, I understand the legal and moral responsibility to protect residents and personnel of Village Shalom from any unauthorized invasion of their right to privacy. I understand that information (e.g. financial, medical, family, and interpersonal relationships) concerning the residents, other volunteers and personnel shall be held in strict confidence. It should only be discussed with the Volunteer Coordinator or appropriate staff person in the building if there are problems or concerns and never with anyone outside the facility. As represented by my signature below, I promise to honor, observe, and respect the rights and confidences of the residents, other volunteers and personnel of Village Shalom.*

***I understand that all volunteer opportunities are subject to availability. I understand that I am responsible for the information that is in the Volunteer Manual I will receive at Orientation.***

**SIGNATURE & PERMISSION APPROVAL FOR MINORS (UNDER 18 YEARS OF AGE)**

I, \_\_\_\_\_, give my permission  
Parent/Guardian Name

for \_\_\_\_\_ who is my \_\_\_\_\_ to  
Volunteer Name Relationship

volunteer at Village Shalom. I also give my permission for him/her to receive a PPD test and for reference checks. I will notify Village Shalom if any information on this form changes.

**Signatures:**

\_\_\_\_\_  
**Volunteer**

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

\_\_\_\_\_  
**Parent/Guardian**

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

\_\_\_\_\_  
**Volunteer Coordinator**

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

Please contact the Volunteer Coordinator at  
**(913) 266-8310** or at [Volunteer@VillageShalom.org](mailto:Volunteer@VillageShalom.org) if you have any questions regarding this form or volunteer opportunities at Village Shalom.

## LETTERS OF REFERENCE

If you are under 18 years of age, you need to submit two letters of reference to Village Shalom Volunteer Coordinator along with your enrollment form. The letters need to be from two persons not related to you (i.e. your teacher, employer, troop leader, clergy member, *not* a classmate/friend). The letters need to include how you will be a good fit as a volunteer at Village Shalom.

Name of Reference: \_\_\_\_\_

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

Years Known: \_\_\_\_\_

Date Reference Letter Submitted: \_\_\_\_\_

Received By: \_\_\_\_\_

-----

Name of Reference: \_\_\_\_\_

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

Years Known: \_\_\_\_\_

Date Reference Letter Submitted: \_\_\_\_\_

Received By: \_\_\_\_\_