



JGS Lifecare, Corp.
770 Converse Street
Longmeadow, MA 01106
Phone (413) 567-3949 (Ext. 3010) Fax (413) 567-4425

YOUTH VOLUNTEER APPLICATION

Personal Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

e-mail _____ Date of Birth _____

If under age 14, name of adult who will accompany you? _____

(otherwise, JGS Lifecare will assign adult to accompany you)

In case of emergency, please notify _____

Relationship _____ Phone _____

Name of School/College/University currently attending _____

What is your current grade? _____

How did you find out about JGS volunteer opportunities?

Why do you want to volunteer? _____

Is your volunteering part of a community service requirement? Yes No

If yes, from what organization/school? _____

(Please provide required authorization form) Date received _____

Community affiliations or club/organizational memberships:

Please list any prior/current volunteer work experience:

Special skills, interests, hobbies, languages, talents (music/dance/art) you would like to share with resident:

Do you smoke (use tobacco products or E-Cigarettes)? Yes No

JGS Lifecare is a "smoke-free" campus and no longer hires employees or volunteers who smoke.

When can you begin volunteering? _____

How often would you want to volunteer? 1x per week 2x per week 1x per month

Days and times available: Mon Tues Wed Thurs Fri Sat Sun

Mornings Afternoons Evenings Weekends

PLEASE CHECK OFF ANY OF THE AREAS BELOW THAT INTEREST YOU

(Jewish Nursing Home = JNH; Ruth's House Assisted Living = RH; Adult Day Health = WADH)

Recreation Activities Assistance (JNH/RH)

Bingo, Arts & Crafts, Spelling Bee, Board Games

Discussion Groups

Computer class

Music programs

Bridge/Mah Jong

Day Trips

Coffee Shop (JNH)

Religious Services (JNH) (Fri. 3:30 PM/Sat. 9 AM)

Adult Day Care Assist (WADH)

Caring Friend (JNH/RH)

Library Cart (JNH/RH)

Administrative Assistance (JNH/RH)

Transporting Residents w/i JNH/RH

Monthly Birthday Parties (JNH)

Monthly Summer Picnics (JNH)

Cafeteria Assistance – Cashier (JNH)

Gift Shop (JNH)

Please describe any physical or mental conditions or restrictions you have that might affect your ability to perform certain activities _____

Physician's Name _____ Phone _____

Personal References (Teacher, Employer, Administrator, Family Friend)

1. Name _____ Phone _____

2. Name _____ Phone _____

JGS Lifecare, Corp. has my permission to contact references.

Signature of Applicant _____ Date _____

Signature of Gaurdian if applicant is under 18 years of age _____

Relationship to applicant _____ Date _____

FOR AGENCY USE ONLY

Interviewer _____ Date _____ Entered in Raiser's Edge _____

Comments _____
