



**Chai Lifeline**  
Fighting Illness With Love

151 WEST 30<sup>TH</sup> STREET, NEW YORK NY 10001  
212.699.6654 • 888.244.7478 • FAX 212.465.0949  
WWW.CHAILIFELINE.ORG

## Confidential Application for Volunteer Service

NAME: Mr. Mrs. Ms. Miss Dr. (First) \_\_\_\_\_ (Last) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (B) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

(E Mail) \_\_\_\_\_

AGE RANGE: *Your cooperation is requested to check  your age range. This information is for statistical purposes only and is not mandatory unless you are under 18, in which case you are requested to check that response.*

under 18  19-25  26-32  33-39  40-46  47-53  54-60  61 & above

OCCUPATION: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

CURRENT EMPLOYER: *(Name of firm/agency & complete address)* \_\_\_\_\_

EMPLOYMENT EXPERIENCE: CURRENT: TITLE: \_\_\_\_\_ DATES: \_\_\_\_\_

PAST: TITLE: \_\_\_\_\_ DATES: \_\_\_\_\_

ARE YOU IN SCHOOL:  Yes  No If yes, specify: \_\_\_\_\_

LAST GRADE COMPLETED: \_\_\_\_\_ DEGREE: \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

CURRENT: ORGANIZATION: \_\_\_\_\_ DATES: \_\_\_\_\_

PAST (1): ORGANIZATION: \_\_\_\_\_ DATES: \_\_\_\_\_

PAST (2): ORGANIZATION: \_\_\_\_\_ DATES: \_\_\_\_\_

LIST DAYS & HOURS CURRENTLY AVAILABLE TO VOLUNTEER FOR CHAI LIFELINE:

\_\_\_\_\_

OTHER THAN ENGLISH, LIST LANGUAGES SPOKEN FLUENTLY:

\_\_\_\_\_

SPECIAL SKILLS (TEACHING-SUBJECTS, ARTS & CRAFTS, MUSICAL INSTRUMENT ETC.):

\_\_\_\_\_

CAR AVAILABIITY TO DRIVE:  Yes  No *If you are available to drive and have a car, please complete the "volunteers driver information form"*

DAYS & TIME AVAILABLE TO DRIVE: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_

SPECIFY HOW FAR WILLING TO DRIVE: \_\_\_\_\_

CHECK ( ) AREAS YOU WOULD LIKE TO BE INVOLVED WITH:

(\*Please fill out medical form. \*\*Please fill out transportation form.)

- H.S. Homebound Program\*                       Driving To Medical Appointments\*\*                       Deliver Meals - Brooklyn
- Visit Children In Hospitals\*                       Hospital Respite (Overnight)\*                       Clerical Work
- Big Sister/Big Brother\*                       Hospital Respite (Daytime)\*                       Speak Foreign Language

REFERENCES: (BUSINESS & PERSONAL – PLEASE DO NOT USE A FAMILY MEMBER.)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relation: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

Who referred you to Chai Lifeline: \_\_\_\_\_

**I have truthfully completed this application for volunteer service. I understand and am willing to honor the time commitment required for my volunteer assignment and accept direction from Chai Lifeline staff designated. I agree to fully review policies and procedures outlined in the chai lifeline volunteer manual when issued to me.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AGREEMENT OF CONFIDENTIALITY

As a chai lifeline volunteer, I, \_\_\_\_\_, understand that in the course of my contacts with families served by Chai Lifeline, I might learn privileged and confidential information that is of a highly personal nature. Examples of such information might be, but are not limited to: medical condition and treatment, finances, living arrangements, employment, identifying information and relationship among family members. I understand that all such information must be treated as confidential. I agree not to disclose any information i learn about patients and their family members to anyone, except a Chai Lifeline staff member. I will also make certain that any disclosures are made in a private setting in which no one can overhear any information that is conveyed. I understand unauthorized disclosures are considered grounds for immediate termination of volunteer status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

FOR CHAI LIFELINE VOLUNTEER DEPARTMENT USE ONLY:

Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Assignment: \_\_\_\_\_

Assignment: \_\_\_\_\_

Start date: \_\_\_\_\_ Reference checked date: \_\_\_\_\_

Interview notes: \_\_\_\_\_

\_\_\_\_\_ Initial: \_\_\_\_\_

RETURN TO YOUR REGIONAL OFFICE:

**NATIONAL OFFICE:** 151 WEST 30<sup>TH</sup> STREET, NEW YORK, NY 10001 • (212) 465-1300 • FAX (212) 465-0949

**MIDWEST:** 6600 N. LINCOLN AVENUE, SUITE 300, LINCOLNWOOD, IL 60712 • (847) 763-1818 • FAX (847) 763-1820

**NEW JERSEY:** 106 CLIFTON AVENUE, LAKEWOOD, NJ 08701 • (732) 886-1070 • FAX (212) 886-2443

**SOUTHEAST:** 1140 N.E. 163 STREET., NORTH MIAMI BEACH, FL 33162 • (305) 956-9990 • FAX (305) 947-2211

**WEST COAST:** 9233 W. PICO BLVD, SUITE 200, LOS ANGELES, CA 90035 • (310) 274-6331 • FAX (310) 274-6447