



Jewish Family Service
of the Lehigh Valley

2004 Allen Street, Allentown, PA 18104
Telephone: (610) 821-8722 Fax: (610) 821-8925

VOLUNTEER APPLICATION

Date: _____

Name: _____ Home Phone #:() _____

_____ Work Phone #:() _____

Street Address _____

City _____ State _____ Zip _____ Fax #: _____ E-mail _____

Date of Birth: _____

Person to contact in case of emergency: Name: _____

Address: _____ Phone #: _____

Family Dr.: _____ Phone #: _____

Address: _____

City

State

Zip

WORK EXPERIENCE: Occupation

Organization

Current: _____ *

Past: _____ *

_____ *

VOLUNTEER EXPERIENCE: Position

Organization

_____ *

_____ *

_____ *

Please describe any volunteer training you have received: _____

Special skills or abilities _____

