



MetroWest Jewish Day School
29 Upper Joclyn Avenue
Framingham, MA 01701
Phone (508) 620-5554, Fax 508-620-0945

VOLUNTEER APPLICATION

Name _____ **Date** _____

Address _____

Day Phone _____ **Cell Phone** _____

Email _____

Emergency Contact

Name _____ **Phone** _____

Relationship _____

Current Employer _____

Address _____

Phone _____ **Position** _____

Foreign language(s) abilities _____

Previous volunteer/work experience

Check here if resume is attached: []

Please describe special interests or talents that you would be willing to share

What brought you to want to volunteer at MWJDS?

When are you available to volunteer?

Program areas of interest

How did you learn about MWJDS? _____

References:

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Signature

Date

MWJDS use only

Referred to: _____ Date: _____

(Office use only)

CORI _____

References _____

Orientation _____

Copies of

Drivers License _____

Registration _____

Insurance _____