Peninsula Jewish Community Center VOLUNTEER APPLICATION

Filling out this application form will help us match you to a volunteer position within the PJCC. It also provides the organization with important demographic information that will help us plan for the future. **Volunteers must be 16 years old or older.**

Date:								
Background l First Name:								
Address:								
City/State/Zip:	·			Cell Phone	a•			
E-mail:				_ Cen Fhone	·			
Gender: ☐ Ma	ıle 🗆 F	Female						
Other Inform								
Occupation: _	1							
Employer/Sch	ool:							
Do you have p (If yes, please			erience? I		l No			
Computer Skil	ls:							
Other skills, in	iterests, hol	bbies:						<u></u>
Other Member	ships or A	ffiliations:						
How long of a ☐ Short-term p			make? □ 6 ne-time specia			year plus Other:		
Time Availab	ility: Pleas	se check the	e times you can	be available.				
Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
•								
Afternoons								
Evenings								
I am interested □ Seniors □ Please Read a I am applying I have answere	Other and Sign for a volunced the quest arstand that	iteer assigni	nent at the Pen truthfully and	insula Jewish will answer a	Commun	ity Center (F questions tru	PJCC). thfully and to t	the best of my wed to continue) as a
Applicant's Signature				Date				