



Chai4ever  
1221 Madison Avenue  
Lakewood, NJ 08701  
P 646.519.2190 F 646.519.2189

## VOLUNTEER REGISTRATION FORM

All pages must be filled out completely and signed.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Personal information

Title  Mr.  Mrs.  Ms.  Miss  Dr.

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex  male  female

Are you currently employed?  yes  no

Name of employer \_\_\_\_\_ Years employed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you currently a student?  yes  no

Name of school \_\_\_\_\_ Last grade completed \_\_\_\_\_

Degree and expected date of graduation \_\_\_\_\_

### Volunteer experience

Current \_\_\_\_\_

Past \_\_\_\_\_



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How did you hear about Chai4ever?

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**Check areas of interest**

- Homework assistance
- Transportation assistance\*
- Recreational events
- Big Brother/Big Sister
- Home respite
- Other, please explain \_\_\_\_\_

\* Please complete Transportation Assistance Form (page 6) in addition to other required forms.

**References**

Please list one personal and one business or school reference. Do not list family members.

Name \_\_\_\_\_

Relation \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**In case of emergency, please notify**

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Relation \_\_\_\_\_

Telephone Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



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### Background check

Have you ever been convicted of any crime, including sex related or child abuse related offenses, in any state or country?

yes  no    **If yes, please explain** \_\_\_\_\_

Social security number \_\_\_\_\_

Driver's license no. \_\_\_\_\_ State issued \_\_\_\_\_

I voluntarily consent to and authorize Chai4ever and/or their assigned agents or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information, including law enforcement records, criminal records, DMV records, civil records, employment verifications, eviction searches, and/or consumer credit reports.

I authorize any persons, companies, corporations, consumer reporting agencies, courts of law current or past, or employer/s to furnish Chai4ever and/or their assigned agents, associates or consumer reporting agencies with any or all information requested about me. I further agree to release Chai4ever and/or their assigned agents, associates or consumer reporting agencies, and all persons and organizations providing information from any and all claims, liability, and responsibility arising out of the release of such information arising from these queries. I understand that I have specific prescribed rights as a consumer under the federal fair credit reporting act (FCRA) and may have additional rights under relevant, specific state laws. This authorization does not include a release of any medical information.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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



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### Agreement of confidentiality

As a volunteer of Chai4ever, I, \_\_\_\_\_, understand that in the course of my contact with Chai4ever families, I might learn privileged and confidential information. Examples of such information might be, but are not limited to, medical conditions and treatment, finances, living arrangements, employment, and/or relationships among family members. I agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties as volunteer. I understand that it would be a violation of policy to disclose such information to anyone other than the executive vice president or director of volunteer services of Chai4ever and that any unauthorized disclosures are considered grounds for immediate termination of volunteer status.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Return this form to:  
Volunteer Services  
Chai4ever  
1221 Madison Avenue  
Lakewood, NJ 08701



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**VOLUNTEER MEDICAL FORM**  
Required for all Chai4ever volunteers.

**Personal information**

Title  Mr.  Mrs.  Ms.  Miss  Dr.

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone**

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

The person listed above has applied for a volunteer position at Chai4ever. S/he may work in a hospital environment and/or come into contact with immunosuppressed adults or children. Your responses will help us most appropriately place the volunteer.

**1. PPD test within a year:**  yes  no date: \_\_\_\_\_ results: \_\_\_\_\_

If PPD positive, chest x-ray:  yes  no

Date: \_\_\_\_\_ results: \_\_\_\_\_

If indicated, INH therapy:  yes  no

Date: \_\_\_\_\_ results: \_\_\_\_\_

**2. Please attach titer results for all:**  measles  rubella  varicella

**3. Has the applicant had a Tetanus-Diphtheria vaccination within last 10 years:**

yes  no date: \_\_\_\_\_

**4. Hepatitis B vaccination series (optional):**

Date of series: HBV #1: \_\_\_\_\_ HBV #2 \_\_\_\_\_ HBV #3: \_\_\_\_\_

**5. Does the applicant have any physical or medical illnesses that might influence volunteer placement?**

yes  no **If yes**, please describe: \_\_\_\_\_

**6. Does the applicant have any psychiatric disability that might influence volunteer placement?**

yes  no **If yes**, please describe: \_\_\_\_\_

**7. Are there any limitations for volunteer placement in a hospital setting?**

yes  no **If yes**, please describe: \_\_\_\_\_

Completed by (please print): \_\_\_\_\_ date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature and title of authorized practitioner: \_\_\_\_\_

Telephone Office (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



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### TRANSPORTATION ASSISTANCE FORM

Required for all volunteers who will be providing transportation assistance.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Personal information

Title  Mr.  Mrs.  Ms.  Miss  Dr.

First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone

Home (\_\_\_\_)\_\_\_\_-\_\_\_\_

Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_

Work (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex  male  female

Social security number \_\_\_\_\_

Driver's license no. \_\_\_\_\_ State \_\_\_\_\_

Date of first license \_\_\_\_\_ State \_\_\_\_\_

Have you been involved in any accidents in the last three years?  yes  no

If yes, please explain \_\_\_\_\_

Have you had any moving violations in the last three years?  yes  no

If yes, please explain \_\_\_\_\_

#### Please attach copies of the following documents:

1. Current license.
2. A valid permanent registration card for each vehicle.
3. A valid permanent insurance card for each vehicle.

Chai4ever is required to retain all information on drivers' records for insurance purposes. This document will be used to obtain information from the department of motor vehicles. Please notify Chai4ever of any changes in status, vehicle registration and/or insurance.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_