

**Jersey City Office**

**Volunteer Form**

**Date: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

Street: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Apt #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City/ Town: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Zip: **\_\_\_\_\_\_\_\_\_\_**

**Contact Information**

Email:**­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cell: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Work Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Best Way To Contact): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Availability**

Please indicate the days and times that you are available:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning (9-12) |  |  |  |  |  |
| Afternoon(12-4:30) |  |  |  |  |  |

**Interest in CWS and Area of Volunteer Work**

Please tell us briefly how you heard about CWS and our refugee resettlement efforts:

Please check which area(s) of volunteering you are interested in (see last page for all volunteer areas and descriptions):

[ ] Housing Outreach

[ ] Donations Coordinators

[ ] Apartment Set Up and Cleaning Volunteers

[ ] Airport Pickup and Welcome Dinner Volunteer

[ ] Navigator Volunteer

[ ] Interpreter

[ ] ESL Conversation Volunteers

[ ] Employment Assistant

Do you own a car to transport CWS clients and their family? [ ] Yes [ ] No

If yes, how many occupants can be seated in the vehicle (not including driver)? 4

Are you comfortable with either the public transportation system of Jersey City and/ or New York City (including subway, PATH train, and bus)?

[ ] **Yes, one of them (please circle or highlight): Jersey City NYC**

[ ] **Yes, both of them**

[ ] **Neither**

List any special skills that may be relevant to your preferred volunteer opportunity:

**Volunteer Opportunities:**

**Housing Outreach:** Finding a home for a refugee family is the first challenge facing CWS Jersey City, but is the most important first step to welcoming a new family. Housing Outreach volunteers will work with CWS Jersey City staff to find new apartments for refugees and develop new relationships with apartment managers. Familiarity with Jersey City and surrounding areas is a plus.

**Donations Coordinators:** CWS Jersey City needs resourceful, organized, volunteers sort through household goods and clothing that are sent to the office. Items are given to needy families and individuals as soon as possible.

**Apartment Set Up and Cleaning Volunteers:** Through this opportunity, volunteers have the chance to create a warm and hospitable place for refugees to call home. Projects may include painting, maintenance, moving or assembling furniture. If you like feeling handy, this is the job for you!

**Airport Pickup and Welcome Dinner Volunteer:** Provide a warm welcome and a hot meal for a refugee family’s arrival to the US! Volunteers will accompany CWS to Newark Airport to greet a family, then will assist with transporting them and their belongings. Access to vehicles are required for this position. CWS will provide a shopping list for appropriate meals, including *halal* meals.

**Navigator Volunteers:** Navigator volunteers walk, drive, or take the bus with individuals from their apartments to appointments. Navigators teach individuals how to arriving on time, communicating with staff, and how to retrace the route for future appointments. Navigator volunteer activities may include:

* Social security appointment
* School enrollment
* Electricity utility sign-up
* Grocery shopping
* Medical appointments
* Cell phone purchase
* Bus practice

**Interpreters:** Put your language skills to use assisting CWS with activities like orientation, job search, and scheduling appointments. Languages needed include Arabic, Spanish, Tigrinya, and Dari.

**ESL Conversation Volunteers:** Help refugees practice their English-speaking skills and writing through one-on-one tutoring. Currently this program is seeking volunteers available on Thursday afternoons to come to our Jersey City office.

**Employment Assistant:** Connect refugees with local employment opportunities by researching job openings, practice interviews with refugees, assist with job applications, and helping refugee practice taking public transportation to their new job.

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

Church World Service (CWS) is a non-profit organization that works with partners to eradicate hunger and poverty and promote peace and justice around the world. The undersigned will participate as Volunteer for CWS in their Jersey City office from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This Agreement, Release and Waiver of Liability executed on \_\_\_\_\_\_\_ (date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_releases CWS and each of its directors, officers, employees, volunteers and agents.

I understand that CWS does not make any promise of future employment or compensation in exchange for my service. As a Volunteer, I am not entitled to receive salary, benefits, or other compensation, and I am not eligible to participate in the CWS’ health, disability, or life insurance programs. Furthermore, I am not eligible for workers compensation in the event of illness, injury or death. CWS will not compensate me for any injuries, for time lost from school or work, or for any reason, and I agree that I will not seek any compensation from CWS or any of its directors, officers, employees, agents, and volunteers. If I am injured while serving as CWS Volunteer, it is my responsibility to pay for emergency room care, doctors’ services, hospitalization, and any other medical or non-medical services.

I understand that CWS is the sole and exclusive owner of its source documents and any financial, statistical, membership and personal information provided to the volunteer under this agreement. Likewise, CWS is the sole and exclusive owner of its name, logo and other proprietary materials. All files, reports, papers, records and other proprietary materials provided or made available by CWS to me under this Agreement shall at all times remain the sole and exclusive property of CWS and may only be used as authorized by CWS.

As a Volunteer, I agree that all confidential information communicated or provided by CWS pursuant to the work performed under this Agreement, and including any confidential information I gain through sources other than CWS, shall be and remain confidential except as specifically authorized by CWS in writing. When in doubt, I shall not disclose any work or document I thought or perceived to be confidential without CWS’ written consent.

I grant and convey to CWS all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by CWS in connection with my providing internship/volunteer services to CWS.

This volunteer commitment may be terminated by me or CWS at any time for any reason. I voluntarily assume all risks and hazards associated with these volunteer services, whatever those services might ultimately constitute, and that I am releasing CWS and its directors, officers, employees, agents, and volunteers from any legal liability in the event of illness, injury, death, property damage, or loss, and I waive any claim I may have, now or later, in respect of illness, injury, death, property damage, or loss arising out of or relating to your services as volunteer.

I understand that as part of CWS’ process of hiring volunteers, I will be subjected to a criminal background check and that a satisfactory criminal background check is a condition of this volunteer opportunity.

**BY SIGNING BELOW, I EXPRESS MY UNDERSTANDING AND INTENT TO ENTER INTO THIS RELEASE AND WAIVER OF LIABILITY WILLINGLY AND VOLUNTARILY.**

Volunteer Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by parent/guardian of volunteer under the age of 18 only. All youth volunteers must be at least 16 years old.**

**Important:** If the volunteer is less than 18 years of age, all parents or guardians must also sign this Agreement, Release and Waiver of Liability with a witness. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents, and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

Parent/Guardian Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name (CWS Representative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **EMERGENCY CONTACT INFORMATION** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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