



Lead With Experience

VOLUNTEER REGISTRATION

674 HILLSDALE DRIVE, SUITE 9
CHARLOTTESVILLE, VA 22901
(434) 817-5245 OR 817-5229
WWW.JABACARES.ORG



Date
Salutation Name M F Birthdate
Mailing Address E-mail
City Zip County City Of C'ville Resident? Y N
Ph # () Type Ph # () Type Ph#() Type
Employment/Career
Volunteer Experience
Availability? Days Evenings Weekends Student? Y N Veteran Y N Race (optional)
Emergency Contact Ph # ()
Automobile Insurance Company Driver's License # Expiration Date

If over 55: Beneficiary for Supplemental Accident Insurance

I learned about volunteering at JABA from: Word of Mouth Media Website Newsletter Other

Volunteer Position Interests:
Community Centers & ACC
Companionship/Outreach
Building Community
Disaster Preparedness
Public Policy Advocate
Volunteer Leadership
Intergenerational
Recreation Programs
Tutoring (FISH)
Special Projects
Other
Health/Nutrition
Congregate Meals
Food Bag Program
Home Delivered Meals
Animal Care/Therapy
Home Repairs
Food Initiatives
Housing Initiatives
Health Programs
Other
Skills:
Art/Crafts/Design
Entertainment
Installation & Repair
Production
Bldg & Grounds Care
Event Planning
Law Enforcement
Public Speaking
Business
Farming
Legal
Recreation/Athletics
Computer
Finance
Management
Research
Cooking
Fundraising
Marketing
Sales
Construction
Gardening
Media/Communications
Sewing/Crocheting/Quilting
Customer Service
Handyman
Military
Technology
Education
Health/Medical
Office & Admin Support
Transportation
Electrician
Homemaker
Personal Care & Service
Writing
Engineering
Hospitality
Photography
Other

By my signature below, I hereby agree to the following:

- I hereby give permission to JABA to submit my name for a criminal check if required of the position.
I agree to keep confidential all information pertaining to participants that I may work with during my volunteer assignment.
I give permission for JABA to use my photograph for promotional purposes.
I understand the job description for the position I will be doing and am aware of any potential risks associated with it.
If I use my personal automobile to transport a client and/or I am a RSVP volunteer, I will arrange to keep in effect my automobile liability insurance equal to (at least the minimum) requirement of the Commonwealth of Virginia.
I hereby release and discharge JABA and any of its management staff, program managers, volunteer leaders, volunteer station supervisors, employees, affiliates, and their successors from any and all liability or responsibility for any accident or injury sustained in connection with my volunteer activity.

Please indicate your signature by checking (x) in the box provided Date

Signature (JABA Staff)