



# GULF COAST JEWISH FAMILY SERVICES, INC

## Florida Center for Survivors of Torture Refugee Youth and Family Program

### Volunteer and Internship Application

---

Please complete this volunteer application and return it to the appropriate office below:

**Miami-Dade:**

Alvaro Vargas  
RYFP Volunteer Coordinator  
101 Westward Drive, 2<sup>nd</sup> Floor  
Miami Springs, FL 33166  
By email: [avargas@gcjfs.org](mailto:avargas@gcjfs.org)  
Fax: 305-805-5068

**Palm Beach:**

Joyce Kuwae  
RYFP Volunteer Coordinator  
220 S. Congress Park Blvd, Suite 200  
Delray Beach, FL 33445  
By email: [jkuwae@gcjfs.org](mailto:jkuwae@gcjfs.org)  
By Fax: 561-266-6654

**Hillsborough:**

Marcella Arons  
RYFP Volunteer Coordinator  
13542 N. Florida Ave, Suite 111  
Tampa, FL 33613  
By email: [marons@gcjfs.org](mailto:marons@gcjfs.org)  
Fax: 813-987-6700

**Pinellas:**

Natalie Bicknell  
RYFP Volunteer Coordinator  
14041 Icot Blvd  
Clearwater, FL 33760  
By email: [nbicknell@gcjfs.org](mailto:nbicknell@gcjfs.org)  
By Fax: 727-450-7275

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

\_\_\_\_\_  
**Home phone**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, state, zip code**

\_\_\_\_\_  
**Cell phone (optional)**

\_\_\_\_\_  
**E-mail address**

\_\_\_\_\_  
**Work phone (optional)**

May we call you at work?  yes  no

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**

**1. EMPLOYMENT**

Current employer: \_\_\_\_\_

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

Job title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous employer: \_\_\_\_\_

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

Job title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. EDUCATION**

Highest Grade or Degree Completed: \_\_\_\_\_

Current College or University \_\_\_\_\_ Major: \_\_\_\_\_

Are you looking for an internship: \_\_\_\_ yes \_\_\_\_ no

If yes, Number of Hours Required \_\_\_\_\_

Length of Internship \_\_\_\_\_ Focus/Goals \_\_\_\_\_

Additional Education \_\_\_\_\_

**3. RELEVANT EXPERIENCE**

Languages spoken other than English \_\_\_\_\_

Previous volunteer experience & Interests:

\_\_\_\_\_



## 5. REFERENCES

Please list two references. One should be a professional or academic reference and one a personal character reference. Please list their full e-mail address as this is the preferred method of reference checking. References should not be family members.

1. \_\_\_\_\_  
Name Daytime phone

\_\_\_\_\_  
Relationship E-mail address

2. \_\_\_\_\_  
Name Daytime phone

\_\_\_\_\_  
Relationship E-mail address

**RESEARCH STATEMENT:**

**In the event that my volunteer/intern experience involves research related topics, material, or projects, I agree not to share, publish, sell, or make known to outside sources the specific information or nature of the research without the express, written consent of senior Florida Center for Survivors of Torture administrator(s). I also understand that all information about individual clients, or families units is confidential and is not to be shared outside FCST unless in an imminent emergency situation (e.g., a medical emergency.) I will not disclose information about clients at any time, including after I'm no longer associated with FCST. I understand that failure to maintain confidentiality is grounds for termination from the program.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**I certify that the information provided in this application is true and correct to the best of my knowledge. I authorize Gulf Coast Jewish Family Services, Inc. to contact the references I have listed to verify the information that I have provided.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
To be completed by volunteer coordinator:

The above named volunteer successfully completed orientation on (date): \_\_\_\_\_

The above named volunteer has submitted all required paperwork as of (date): \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer Coordinator/Date