



Chaveirim Volunteer Services Inc.

P.O. Box 56
Lakewood, NJ 08701

PLEASE FAX COMPLETED
APPLICATION TO:
(732) 370-2229

Member Application

**INCOMPLETE APPLICATIONS
WILL NOT BE CONSIDERED.**

Unit # _____
(For Internal Use)

*Name: _____ *Date of Birth: _____

*Address _____ Lakewood, NJ 08701

*Home Phone No.: _____

*Daven At: _____ *Rabbi's Name: _____

*Cell Phone #: _____ *Service Provider (Cell): _____

*Email Address _____ @ _____

Car: *Make: _____ *Model: _____ *Year: _____

Color: _____ *License Plate #: _____ *State: _____

*Hours/Days available: _____

Special Qualifications/Talents that may enhance Chaveirim: _____

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*Learning _____ *Marital Status: Married ___ Soon To Be ___

*Location of Bais Medrash _____

*Working _____

Employment Information

*Employer: _____ *Phone #: _____

Address: _____ City: _____ St: _____ Zip: _____

Position: _____ Work Hours: _____

*Signature _____

*Required for processing