



STATEN ISLAND CHAVERIM

EMERGENCY VOLUNTEER SERVICES

MEMBERSHIP APPLICATION

Date: ___/___/___

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone # _____ Cell Service Provider _____

Home Phone # _____ Email Address _____

Birth Date _____ Age _____

Marital Status: Single ___ Married ___ Availability: Evening ___ Day ___

Vehicle Used to Respond

Make/Model _____ Plate # _____

Employment Information (if applicable)

Occupation _____ Employer _____ Work Hours _____

Phone # _____

Address _____ City _____ State _____ Zip _____

Organization Affiliation

Are you affiliated with any other organization: Yes ___ No ___

If yes, which one _____

Shul Affiliation

Name _____ Rabbi _____ Contact Number _____

Reference # 1

Name _____ Cell Phone # _____

Reference # 2

Name _____ Cell Phone # _____

I the above mentioned verify that all information on this application is correct and that any equipment (ie. Tools or ID card) if ever the need, will be returned at the request of a supervisor of Staten Island Chaverim.

Signature _____

PLEASE EMAIL COMPLETED APPLICATION ALONG WITH SHOULDER-UP PHOTO TO:

INFO@CHAVERIMSI.ORG