



# 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

Shul Name \_\_\_\_\_ Rav \_\_\_\_\_ Contact Phone # \_\_\_\_\_

#### References

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 (i.e. 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**