



CHAVERIM OF BALTIMORE

Friends You Can Count On

First Name _____ Last Name _____

Home Address _____

City, State, Zip _____

Date of Birth _____ Cell Number _____

Occupation _____ Where do you work? _____

Can you leave work during the day? _____

What times are you available to take calls? _____

What shul do you attend on shabbos? _____

Who is your rabbi? _____

Will you answer calls at late hours? _____ If so, until what time? _____

Email Address _____

Vehicle information:

Car#1

Make _____ Model _____ Year _____

License plate # _____

Car # 2

Make _____ Model _____ Year _____

License plate # _____

Initial _____

Please list two personal references, other than members of this organization, who have known you for at least three (3) years.

Full Name: _____

Address: _____

Telephone: _____

Full Name: _____

Address: _____

Telephone: _____

Rabbis Contact Information:

Full Name: _____

Address: _____

Shul Address: _____

Telephone: _____

Signature of Applicant _____ Date _____

Signature of Coordinator _____ Date _____

Unit # _____

Initial _____