



90 New Haven Avenue • Milford, CT 06460 • P: 203.876.0747 • F: 203.876.0328

VOLUNTEER APPLICATION

Name: _____	Today's Date: _____
Address: _____	
Best phone: _____	Email: _____
Gender: (circle one)    Male    Female	Date of Birth: _____

***Previous Volunteer Experience***

Have you ever volunteered for the Beth-El Center before? YES     NO

If yes, when and in what capacity? \_\_\_\_\_

Please list below other organizations where you have volunteered, if applicable.

Organization Name	Duties
_____	_____
_____	_____
_____	_____

In which area would you prefer to volunteer your time at the Beth-El Center?

- Events     Office/reception desk     Maintenance/Repair     Soup Kitchen     Special Projects

What skills/experience do you have that may be useful in the area(s) checked above? (circle all that apply)

- Accounting    Advertising/PR    Audio/Video    Carpentry    Clerical    Computer    Cooking    Electrical  
Fundraising    Handyman    Landscaping    Painting    Photography    Plumbing    Publishing

Other: \_\_\_\_\_



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What days and times are you available to work between 8am and 5pm?

- Monday      Hours: \_\_\_\_\_
- Tuesday      Hours: \_\_\_\_\_
- Wednesday      Hours: \_\_\_\_\_
- Thursday      Hours: \_\_\_\_\_
- Friday      Hours: \_\_\_\_\_
- Saturday (maintenance & events only) Hours: \_\_\_\_\_

### REFERENCES

Please list 3 professional or personal (*not related*) references that we may contact with your permission:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**\*Return this application to Beth-El Center 90 New Haven Avenue Milford, CT 06460**