



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:** _____

NOTIFICATION: Beth-El Center Inc. requires that all volunteers have Tuberculin (PPD) testing annually. Additionally, **shelter** volunteers **MUST** also have both criminal and DCF background checks performed.

Applicant's Signature: _____

***Return this application to Beth-El Center 90 New Haven Avenue Milford, CT 06460
Fax to 203.876.0325 or email to info@bethelmilford.org**