



Volunteer Form

Beth Chai is a volunteer-run organization. We depend on members for much of our support. Please let us know how you can help (check all where you'd consider being a volunteer):

- | | |
|---|--|
| <input type="checkbox"/> Person-to-person contact/interaction and/or support of new members | <input type="checkbox"/> Mentor a new member (new offering!) |
| <input type="checkbox"/> Social action | <input type="checkbox"/> Research/writing, Example: online/hardcopy newsletter |
| <input type="checkbox"/> Working with children/youth | <input type="checkbox"/> Donating food or materials |
| <input type="checkbox"/> Behind-the-scenes organizing | <input type="checkbox"/> Shabbat setup or cleanup |
| <input type="checkbox"/> Managing/leading an event (e.g., holiday or program) | <input type="checkbox"/> Music/dance/arts
Specify: _____ |
| <input type="checkbox"/> Making phone calls | <input type="checkbox"/> Speaking/lecturing
Topic: _____ |
| <input type="checkbox"/> Organizing paperwork/recordkeeping | <input type="checkbox"/> Driver to bring others to services and events |
| <input type="checkbox"/> Financial planning/accounting | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Hospitality at events | <input type="checkbox"/> Writing notes on behalf of Beth Chai |
| <input type="checkbox"/> Computer Skills: _____ | <input type="checkbox"/> I'm willing to help out on various tasks as they arise; call me as needed |
| <input type="checkbox"/> Help organize annual auction | <input type="checkbox"/> Other
Specify: _____ |

Name _____

E-mail Address _____

Phone: Home _____ Work _____ Cell: _____

Best time/place to reach me: _____

I would like more information about: _____
