Sufi Service Committee of Boston

84 Pembroke Street, Boston, MA 02118
Telephone – (617) 938-3680, email - <u>sufiserviceboston@gmail.com</u>

PLEASE PRINT		DATE:
Name (Last)	(First)	(Middle)
Address (Street, City, State, Zip C	ode)	
Home Phone	W	ork Phone:
E-mail	Cell Phone:	
Emergency Contact Person: (Name)	(Relationship)	(Telephone)
EDUCATION: Are you currently	v a student? Y / N	
High School		Area of Study
College/Other		Area of Study
Graduate School:		Area of Study
EMPLOYMENT: Are you curren (Name) Present Employer	ntly employed? Y / N (Addre	ss) (Telephone)

Postion _____

REFERENCES (Two persons who have knowledge of your work/volunteer experience) (Name) (Address) (Telephone)

PERSONAL SKILLS/INTERESTS (Please List)

Any Skills in C	ommutana Wand Dragood	na Turina? (Dlagos das	oriba)
Any Skills in C	omputers, word Processi	ng, Typing? (Please des	cribe)
Language Abili	ties:		
Please check the	e volunteer opportunities	that interest you. Use #	1 as your first preference
Area of most need		Clothing Operations	
Mea	al preparation	Food s	ervice
Brea	d pickup and distribution	I	
HOURS AVAI	LABLE FOR SERVICE		
Monday	Wednesday	Friday	Sunday
Tuesday	Thursday	Saturday	Holidays
WHEN AVAIL	ABLE		
Week	ly		

DATE AVAILABLE TO START:

Why do you want to volunteer at the Sufi Service Committee of Boston?				
Is this a required community/school service? Y / N	Hours required?			
Note: Sufi Service Committee of Boston may require a person who applies to become a	•			
I have read the Sunday Brunch Coordinator Manual	Y / N			
Signature :				