



**ALEPH
INSTITUTE**
No One Alone,
No One Forgotten.

VOLUNTEER APPLICATION FORM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

How do you prefer to be contacted: By phone _____ Via e-mail _____

Date of Birth: _____ Gender _____ Marital Status: _____

Do you own a vehicle? Yes _____ No _____ Are you a U.S. citizen? Yes _____ No _____

What are you available to volunteer? Check all that apply:

Weekday morning _____ *Weekday afternoon* _____ *Weekday Evening* _____ *Sunday morning* _____ *Sunday afternoon* _____

Which of the Aleph programs are you interested in? Check all that apply:

Prison visitation _____ *Dorothy visitation* _____ *Prison support materials* _____ *Dorothy support materials* _____

Torah Studies Correspondence Courses _____ *Holiday programs* _____ *Chesed Mentoring Program* _____

If applying for a visitation program, how often are you able to visit? Once a month _____ 4 Times a Year _____

Have you ever been convicted of a crime? Yes _____ No _____

Are you a victim of a crime? Yes _____ No _____

Have you ever visited someone in prison, state hospital or group home? Yes _____ No _____

If yes, in what capacity: _____

Do you currently have a family member in prison, state hospital or a group home? Yes _____ No _____

How much notice do you need prior to being scheduled? _____

Other pertinent information: _____

Today's Date: _____ Volunteers Signature: _____