United Jewish Federation Reading Partners Volunteer Application (confidential)

Name SSN		Birthdate	
Address			
Street	City	State	Zip
Telephone: Home	Cell		
Email			
Please list two references (not	related to you)		
1	Telephone	e	_
2			
What days/times are you availa	able?		
Do you have a school preferen	ce?		
Have you ever been convicted public indecency, or a violation Have you ever been convicted	involving a state or federally of	controlled substance?	Yes / No
Are you currently under indictn	nent for any crime?		Yes / No
If you have answered yes to an special skills or interests and p		•	ide. Please indicate any
We strive for consistency in the community for three or more w	_	-	s time away from our
I submit that the information pr Signature	ovided is accurate and true an	d authorize any backgroui	nd checks necessary.
Please return to: Lenore Fogel, Dir United Jewish Federation of Great 1373 lenore@ujf.org.	•	arien • 2009 Summer Street, S	Stamford, CT 06905 (203) 321-
For office use only:	□CC □DB		