



## Belev Echad Volunteer Program Girls Division

Belev Echad is a Non-Profit organization helping and cheering up thousands of sick patients, special needs children and their families all across Israel. In addition, Belev Echad organizes parties and Bar/Bat Mitzvah parties for the sick and special needs children. We arrange dozens of events around the year for the children as well as organize respite Shabbatons for the children and their families.

Name:  Miss  Ms.  Mrs.  Dr. (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ WhatsApp: \_\_\_\_\_  
Email: \_\_\_\_\_  
 תעודת זהות  Social Security: \_\_\_\_\_

### Volunteer Contribution:

Please check off the hours you'd be available to volunteer.

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Shabbat  Chagim/Chol Hamoed  
 Mornings  Afternoons  Evenings  Nights

Other days or hours: \_\_\_\_\_

Are you available to volunteer on a weekly basis?  Yes  No

Please check off areas of interest.

Group Hospital visits  Hospital Shifts  Bat Mitzvah Parties  Programs for special needs children   
Events for special needs and sick children  Night shifts  Shabbat/Chagim shifts in the hospital  Drive  
volunteer to and from hospitals  Help families (Light cleaning/babysitting)

What languages do you speak? Please list them in order of fluency.

What are your hobbies?

What skills and qualities do you feel you can contribute to Belev Echad?

**Volunteer experience:**

Please include the name of the organization/program and what you did.

Current:

\_\_\_\_\_

\_\_\_\_\_

Past:

\_\_\_\_\_

Volunteers interested in Group Hospital Visits, please fill out the following section.

Would like to join a group or start your own group? \_\_\_\_\_

Can you sing? \_\_\_\_\_

Do you play musical instruments? \_\_\_\_\_

Are you currently employed?  Yes  No

Position held: \_\_\_\_\_

Are you currently a student?  Yes  No

Name of school: \_\_\_\_\_

High School  Seminary  מדרשה  College/University

**References:**

Please list two references not including family members.

Reference 1:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Reference 2:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about Belev Echad? \_\_\_\_\_

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to volunteer for Belev Echad. By signing this form I verify that the information supplied is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit application to [bracha@belev-echad.org](mailto:bracha@belev-echad.org)

**Brochie Holczer**

Girls' Volunteer Coordinator

Phone: 0586-766-775

Email: [bracha@belev-echad.org](mailto:bracha@belev-echad.org)

Website: [www.belev-echad.org/](http://www.belev-echad.org/)