

SHAAREY ZEDEK CARING COMMUNITY PROGRAM

NAME _____

EMAIL _____

PHONE NUMBER _____

PROGRAM AREA/S I AM INTERESTED IN:

- _____ Visiting the Sick (Workshop prerequisite)
- _____ Leading a *Shiva Minyan* (Classes provided)
- _____ Preparing and delivering meals for congregants, as requested
- _____ Participating in a "Cook-in"
- _____ Giving rides to services
- _____ Giving rides when needed for help
- _____ Shaarey Zedek Singers
- _____ Program Volunteer
- _____ Other _____

_____ I am unable to volunteer at this time but would like to support the Caring Community Program with the enclosed donation to the *Shaarey Zedek Caring Community Fund*.

Please return this form to the office OR call with your program area interests.

Comments
