

**Sufi Service Committee (Boston)**

769 Concord Ave. Cambridge MA 02138

Telephone- (617) 938-3680, email- [sufiserviceeboston@gmail.com](mailto:sufiserviceeboston@gmail.com)

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name (Last, First, MI)  
\_\_\_\_\_

Address (Street, State, Zip Code)  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date\_\_ \_\_ \_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT:**

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**EDUCATION:** Are you currently a student? Y / N

High School

College/Other

Graduate School

Area of Study: \_\_\_\_\_

Area of Study: \_\_\_\_\_

**EMPLOYMENT:** Are you currently employed? Y / N

Present Employer: \_\_\_\_\_

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

**REFERENCES:** *(Please provide the information of two people whom have knowledge of your work/volunteer experience)*

**Reference 1**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PERSONAL SKILLS/INTERESTS:** *(Please list, indicate skills in computers, word processing and typing)*

---

---

---

Language Abilities:

---

Please check the volunteer opportunities that interest you (1 = top preference)

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative assistance | <input type="checkbox"/> pickup and delivery |
| <input type="checkbox"/> Clothing operations       | <input type="checkbox"/> Food Service        |

**DAYS AVAILABLE:** *(please indicate which days you are available for volunteering)*

Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**HOW OFTEN:**

Weekly  Monthly on the  week of each month

Why do you want to volunteer at the Sufi Service Committee of Boston?

---

---

Is this required community/school service? Y / N

Hours Required: \_\_\_\_\_

Do you have any food allergies or dietary restrictions? Y / N

---

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

Date \_\_\_\_\_