



לע"נ ר' יחיאל מיכל ואשתו חנה ע"ה כ"ץ

VOLUNTEER APPLICATION

Name: _____

Cell: _____ Tel:(other) _____

Address: _____ Zip Code: _____

Email (PLEASE PRINT **TWICE**): _____

Shul Affiliation: _____

Volunteer Opportunities:

- Delivering to Recipients - Every 2nd Wednesday night (approx. 1 hr) Needs partner
- Delivering to Recipients - *Standby* on Wednesday nights after 8:00 pm
- Sponsor the Delivery of a Route (*if you are unable to do actual deliveries*)
- Packaging - Tuesdays (women)
- Packaging - Wednesday mornings (women)
- On-Site operations - Wednesday nights

- Volunteer Coordinator(s)
- Fundraising - innovation & assistance

Please send back your completed application to:

129-01 Metropolitan Ave, Kew Gardens, NY 11415
F. 718.441-3535 / www.tsqinc.org / info@tsqinc.org