

CHAVERIM CONNECTIONS QUESTIONNAIRE FOR BUDDY

Name: _____

Email: _____

Mobile Phone (parent/guardian): _____

Gender: Male Female

Grade: _____

Address: _____

School: _____

Days/Times available to spend time with your buddy: _____

Interests/Hobbies: _____

Preferred location to meet with your buddy (home, park, etc) _____

Please share any limitations or specific needs: _____

Is there something unique about yourself you would like your buddy to know? _____

What is your preferred method of contact for coordination? _____

Our youth are excited to share experiences with their buddy to meet our program goal of enriching lives through Jewish Connection, friendship and compassion. While we will do our best to make all interactions safe and convenient, Temple Solel shall not be held legally responsible in case of accident or injury so please make sure supervision and locations are equally agreed upon.

Signature of Parent/Guardian of Buddy

Please contact Craig Parks at solelyouth@yahoo.com or 760.557.0101