

CHAVERIM CONNECTIONS QUESTIONNAIRE FOR VOLUNTEERS

Name: _____

Email: _____

Mobile Phone: _____

Gender: Male Female

Grade: _____

Address: _____

School: _____

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

Interests/Hobbies: _____

Do you drive: Yes No

If no, do you have reliable transportation (please explain): _____

License for over a year: Yes No

Distance willing to drive to get to buddy's house: _____

Have you worked with people with special needs: Yes No

If yes, please explain: _____

Please share any limitations you have, if any: _____

Temple Solel is pairing students in a Buddy Program to enrich lives through Jewish Connection, friendship and compassion. All meet up locations are at the discretion of the parent/guardian and Temple Solel's role is solely to connect buddies who would be a good fit. In consideration for Participant being allowed to participate in the Buddy Program, Participants agree to release from liability and promise not to sue Temple Solel, their officers, employees, volunteers, representatives, and/or agents from any and all claims, including claims of Temple Solel's negligence, resulting in any type of injury or damage suffered because of a Participant's participation in the Buddy Program.

I am the parent or legal guardian of the Participant and understand the legal consequences of signing this document including (a) releasing Temple Solel from all liability on my and the Participant's behalf, (b) promising not to sue Temple Solel on my and the Participant's behalf, (c) assuming all risks of the Participants participation in the Buddy Program, including travel to, from and during any Buddy Program activity and (d) agreeing to indemnify and hold Temple Solel harmless from any and all claims, including attorney's fees, that may occur as a result of participation in the Buddy Program. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I sign it freely.

Signature of Minor Participant's Parent/Guardian

Signature of Youth

Signature of Parent/Guardian of Youth (if under 18 years of age)

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