APPLICATION FOR CHIMES PEN PAL PROGRAM

DATE:___________________

NAME _______________________________________________________________________

ADDRESS____________________________________________________________________

CITY, STATE, ZIP CODE________________________________________________________

HOME PHONE_______________________ WORK PHONE__________________________

BIRTHDAY____________________________________________________________________

How did you hear about Chimes Volunteer Program? **Please list the name of any organization or individual that referred you to us.**

___________________________________________________________________________

What are your special interests:

___________________________________________________________________________

If you have a preference about your pen pal, please check below and we will try to meet your request:

MALE_____________

FEMALE___________

UNDER 21_________

OVER 21__________

SENIOR CITIZEN___

Please return this application to:
Chimes
Attention: Jack Goldstein, Pen Pal Coordinator
Volunteer Office
4815 Seton Drive
Baltimore, MD 21215

UPON RECEIPT OF YOUR APPLICATION, YOUR PEN PAL COORDINATOR WILL SEND YOU ALL THE INFORMATION YOU NEED INCLUDING THE NAME AND INTERESTS OF YOUR PEN PAL. WE HOPE THAT YOU WILL ENJOY YOUR PEN PAL EXPERIENCE AS MUCH AS YOUR PEN PAL WILL ENJOY HIS/HERS!!!

C-PENPAL - 2  01/06