

**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.**

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What are your special interests:

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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 :

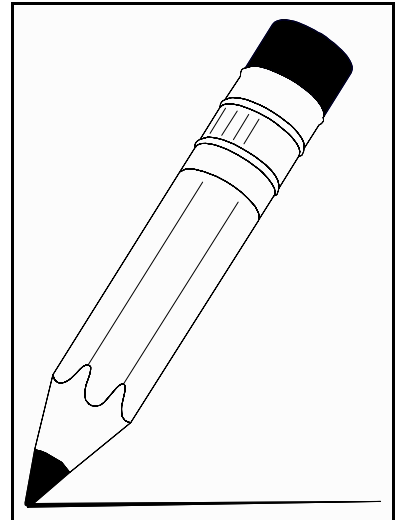
*Chimes*

*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!!!