



# Lev Leytzan

**The Compassionate Clown Alley, Inc.™**

Neal C. Goldberg, Ph.D. Founder / Executive Director  
Rachel Pill, L.C.S.W., Director, Community Relations  
Beth Friedlander, MS.Ed., L.C.S.W., Director, Ambassadors  
Jodie Maoz, Director, Programming  
290 Central Avenue, Suite 115 Lawrence, New York 11559  
Tel: (516) 612-3264 • Fax: (516) 706-1566

## MEDICAL CLOWN INTEREST FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Shul Affiliation: \_\_\_\_\_ Profession: \_\_\_\_\_

Reference:  
(please include the name, email and phone number of someone who can provide a reference)

\_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Talents, Skills, Experience: \_\_\_\_\_

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