



"Friends Helping Friends"

The Friendship Circle
 472 High Rock Street
 Needham, MA 02492
 781-455-9096
 friends@gis.net

Volunteer Application

Your Information	
Name _____	
Birth Date ____/____/____	Application Date ____/____/____
Address _____	City _____ Zip Code _____
Phone () _____	Cell Phone () _____
E-mail Address – please print _____	School _____
Grade as of the 2006-07 School Year _____	
Parents Contact Information	
Mother's Name _____ Title _____	Father's Name _____ Title _____
Mother's Cell Phone _____	Father's Cell Phone _____
Mother's E-mail – please print _____	Father's E-mail – please print _____
Parent(s) Occupation (<i>optional</i>) _____	Synagogue Affiliation (<i>optional</i>) _____
Reference (New Volunteers Only)	
Please list two references (not a relative).	
Name _____	Relationship _____ Day Phone _____
Evening Phone _____	Cell _____
Name _____	Relationship _____ Day Phone _____
Evening Phone _____	Cell _____
Emergency Contact (other than parent)	
Name _____ Phone _____ (Cell) _____	
Please list any allergies _____	
Please list any medical conditions that we should be aware of (attach sheet if needed) :	

Friends @ Home Program

When would you like to volunteer?

(1st Choice) Day _____ Time _____

(2nd Choice) Day _____ Time _____

Do you have a friend that you would like to volunteer with? Yes / No

If yes please provide your friend's name: _____

Are your parents available to drive you to or from a child's home or can you drive? Yes / No

Parental Consent

I give my teen permission to volunteer in the Friendship Circle.

I give my teen permission to attend Friendship Circle trips.

I agree that my teen's photos may be used for any and all Friendship Circle publicity purposes.

I agree to release the Friendship Circle, its providers and administrators, from all liability for any incident which affects the health, welfare, or safety of our teen during their participation in the Friendship Circle Program.

Signature of Mother/Guardian _____ Date _____

Signature of Father/Guardian _____ Date _____

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