



617.378.5765  
www.FriendshipCircleBoston.org

VOLUNTEER INFORMATION		
Name:		
Birthday:		
Address:		
City:	MA	Zip:
Home Phone:	Cell Phone:	
Email Address:		
School:	Grade:	

ADDITIONAL INFORMATION		
PARENT'S NAME:		Parent's Cell Phone:
When would you like to volunteer at the home of a child with special needs?		
FIRST CHOICE	DAY OF THE WEEK:	TIME:
SECOND CHOICE	DAY OF THE WEEK:	TIME:
Do you have a friend with whom you would like to volunteer?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO
YOUR FRIEND'S NAME:		PHONE NUMBER:
Are your parents available to drive you TO or FROM the child's home?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list two references, who is not a relative.		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Responsibility		
____ IN THE EVENT THAT YOU ARE UNABLE TO KEEP YOUR FIREND AT HOME APPOINTMENT, YOU WILL NOTIFY THE FRIENDSHIP CIRCLE 4 DAYS PRIOR TO THE VISIT.		
____ VOLUNTEERS WILL NE REQUIRED TO ATTEND A FRIENDSHIP CIRCLE ORIENTATION PRIOR TO VOLUNTEERING. GUIDELINES, PROCEDURES AND OTHER IMPORTANT INFORMATION WILL BE PRESENTED.		

PARENTAL CONSENT		
I give my teen permission to volunteer in the Friendship Circle	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my teen's photo/s to be used for publicity purposes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I (Parent of the Volunteer), would be interested in assisting the Friendship Circle in future events.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of Parent:		
		Date: