

Volunteer Registration Form



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 Dix Hills, NY 11746
 631-351-8672
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 FriendshipCircleSuffolk

Your Information (please print)

Name _____
 Birth Date ____/____/____ Age _____
D M Y
 Address _____
 City _____ Zip Code _____
 Phone _____ Cell Phone _____
 E-mail Address _____
 Facebook _____
 School/Occupation _____ Grade _____
 Languages spoken _____
 I consider myself ____ Quiet ____ Average ____ Loud
 Best method of contact via ____Text ____Email ____Phone

Additional Information

Mother's Name _____ Title _____ Father's Name _____ Title _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Parent's E-mail _____ Parent's Occupation (optional) _____
 Religion _____

Medical Information

Emergency Contact Name (other than a parent) _____
 Phone _____ Cell _____
 Please list any allergies _____
 Please list any medical conditions that we should be aware of _____

Parental Consent (18 and under)

- 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.
 Signature of Parent/Guardian _____ Date _____

I would like to volunteer for...

Friends @ Home

When would you like to volunteer at a special needs child’s home?

(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 you able to arrange transportation to and from your special friend’s home? Yes / No

The Friendship Circle Activities/Programs/Clubs

Please check if you are interested in volunteering for the following programs:

Friends at Home - Weekly Visits or Bi-Monthly Visits	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(Seasonal) Bowling Buddies at Deer Park Bowl – January/February	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Monthly Teen Scene	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(Seasonal) Zumba Demo Party – February	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hip – Hop Dance Program at The Chai Center	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Zumba – Week Night Dance – Monday Nights	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Volunteer President Club	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fundraising Leadership Board	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Required:

- I agree to keep all information about my circle friend and their family confidential.
- In the event that I am unable to volunteer I will find another day to substitute and I will call my special friend in advance.
- In the event that I am unable to attend Children’s Circle I will find a substitute volunteer and I will call the office in advance.

Volunteer’s Signature: _____ **Date:** _____