



VOLUNTEER INFORMATION

Name:		
Birthday:		
Address:		
City:	State:	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
		<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list one reference, who is not a relative. (For New FC Volunteers Only).		
Name:	Relationship:	Phone:

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:	

Once completed, please take a photo and email to friendship@chabadbedford.com or mail to Chabad