



375 Pulis Ave.
Franklin Lakes, NJ 07417
201-848-0449

www.chabadplace.org/friendshipcircle

Volunteer Information		
Name:		
Birthday:		
Address:		
City:	NJ	Zip:
Home Phone:	Cell Phone:	
Email Address:		
School:		Grade:

Additional Information		
Parent's Name:		Parent's Cell Phone:
When would you like to volunteer to visit 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 you or your parents able to drive you <i>to / from</i> the child's home? (To)		
		<input type="checkbox"/> YES <input type="checkbox"/> NO
(From)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Please list a reference who is not a relative. (For New FC Volunteers Only).		
Name:	Association:	Phone:

Volunteer Agreement	
<input type="checkbox"/> If I am unable to visit my friend at the scheduled time, I will try to arrange a substitute time or day and will notify my advisor and my special friend at least 2 days in advance.	
<input type="checkbox"/> I will e-mail a report after every time I visit my friend.	
<input type="checkbox"/> I will make every effort to attend volunteer functions. If for any reason I am unable to attend, I will inform my advisor of this.	
<i>Remember if there are any concerns, make sure to let us know.</i>	
Signature of Volunteer:	Date:

Parental Consent		
I give my teen permission to become a Friendship Circle volunteer.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my teen's photo/s to be used in publicity related materials.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am interested in assisting the Friendship Circle with event planning and implementation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of Parent:		Date: