

## Your Information



### Circle of Friends

40 King Street Norwalk, CT 06851

203-293-8837

circlefriendsct@gmail.com

Name \_\_\_\_\_

Hebrew Name (If applicable) \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

## Home With Friends Volunteers

### Additional Information

Father's name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**When would you like to volunteer at the home of a child with special need's ?**

(1st Choice) Day of the week \_\_\_\_\_ Time \_\_\_\_\_

(2nd Choice) Day of the week \_\_\_\_\_ Time \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**Please list one reference (not a relative)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please return Registration Form along with photo. (applicable to new volunteers only)**

## Parental Consent & Medical Information

In case of an emergency, when neither parent can be reached, give a name of someone who will take responsibility for your child.

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_

In case of medical emergency requiring immediate emergency care, I authorize the paramedics to take my child to the nearest hospital, if necessary.

Health insurance: Name \_\_\_\_\_ Number \_\_\_\_\_

Allergic reactions to medication \_\_\_\_\_

Any special medical circumstances \_\_\_\_\_

My child has permission to participate in all activities planned by Circle of Friends  
(unless stated).

I agree not to hold Circle of Friends liable for any accident, loss or theft that may occur during the Home Visits or any events.

I agree to the terms and conditions of this application.

I give my child permission to volunteer in The Circle of Friends.  Yes  No

I permit my child's photos to be used for publicity purposes.  Yes  No

I agree to keep all information about my special friend and their family confidential.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_