

**Your Information**

Circle of Friends  
 40 King Street Norwalk, CT 06851  
 203-293-8837 - Fax: 203-831-8969  
 circlefriendsct@gmail.com  
 www.circleoffriendsct.org

Full Name \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

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

**Program Selection Volunteer Registration Form 2011-2012**

**Please check the date(s) that you would like to volunteer:**

Special events & Winter Camp dates & times are indicated.

Winter Camp requires separate registration forms. Please make a copy of this form before faxing/ mailing.

**Sunday Circle/Teen Scene 2:00 - 4:00 PM**

- |   |   |
|---|---|
| <input type="checkbox"/> Sun. Sept.18           | <input type="checkbox"/> Sun. Feb.5 - 2:00 -3:00 PM |
| <input type="checkbox"/> Sun. Oct.30            | <b>Super BOWL - Rip Van Winkle Lanes</b>            |
| <input type="checkbox"/> Sun. Nov.13            | <input type="checkbox"/> Sun. Feb.12                |
| <input type="checkbox"/> Sun. Dec.18            | <input type="checkbox"/> Sun. Mar.11                |
| <input type="checkbox"/> <b>Winter Camp</b>     | <input type="checkbox"/> Sun. Apr.22                |
| Mon. Dec.26 - Fri. Dec.30                       | <input type="checkbox"/> Sun. May 6                 |
| 9:30AM - 2:30PM (Fri. till 1:00)                | <input type="checkbox"/> Sun. May 20                |
| <input type="checkbox"/> Sun. Jan. 8            | <b>Evening of Recognition 7:00 PM</b>               |
| <input type="checkbox"/> Friday Jan. 20 6:00 PM |   |
| <b>Shabbos Dinner with Friends</b>              |   |

**Life Skills****Mondays**

**5:30 - 6:30 PM**

- Dec. 5  
 Jan. 17

**Fun Night**

- Saturday Jan 14  
**7:30 - 9:30 PM**

**Tuesday Adult Circle 6:30 - 8:00 PM**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Tues.Sept.20 | <input type="checkbox"/> Tues. Feb. 14  |
| <input type="checkbox"/> Tues.Oct.11  | <input type="checkbox"/> Tues. March 13 |
| <input type="checkbox"/> Tues. Nov.15 | <input type="checkbox"/> Tues. April 17 |
| <input type="checkbox"/> Tues. Dec.13 | <input type="checkbox"/> Tues. May 8    |
| <input type="checkbox"/> Tues. Jan.10 |   |

**Circle Hebrew School Sundays 12:15 - 1:15 weekly**

- Please send me the schedule so that I may select the Sundays I am available to volunteer.

**T-Shirt Size**  XS  S  M  L  XL

- If I am unable to attend, I will try to find a replacement or notify Circle of Friends 4 days prior.
- I understand that it is necessary for me to attend a Circle of Friends orientation prior to volunteering.
- I will respond to the reminder email on the Wednesday before each Sunday Circle.

Are your parents available to drive you to and from Sunday Circle? Yes No

Please list one reference, not a relative

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

Please return registration form along with photo. (applicable to new volunteers only)

Volunteer's signature \_\_\_\_\_

### Parental Consent & Medical Information

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

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

My child has permission to participate in all activities planned by Circle of Friends (unless stated below). I agree not to hold Circle of Friends liable for any accident, loss or theft that may occur during any events.

Restrictions: \_\_\_\_\_

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: \_\_\_\_\_

Allergies to medication/food \_\_\_\_\_

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

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

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

**I agree to the terms and conditions of this application.**

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_