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www.FriendshipCT.com

## Your Information

B"H

Name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Time of birth:  before sundown  after sundown  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
School \_\_\_\_\_

## Friends At Home

### Additional Information

Father's name \_\_\_\_\_ Father's Cell Phone ( ) \_\_\_\_\_  
*Title First Last*

Mother's name \_\_\_\_\_ Mother's Cell Phone ( ) \_\_\_\_\_  
*Title First Last*

Mother's E-mail \_\_\_\_\_

Father's Email \_\_\_\_\_

Do you have siblings? Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

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

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

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

Would you be willing to drive out of your home town?  Yes  No

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 the child's home?  Yes  No

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

**Friendship Circle recommendation and community service letters will be provided to those teens who regularly record their volunteer hours on the Mileage Program.**

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

### Parental Consent

I give my teen permission to volunteer in the Friendship Circle.  Yes  No

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

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