



770 High Ridge Rd. - Stamford, CT 06905
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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 _____

Children's Circle - Volunteer Club

Father's name _____ Father's Cell Phone () _____
Title First Last

Mother's name _____ Mother's Cell Phone () _____
Title First Last

Mom's Email Address _____

Father's Email Address _____

Do you have siblings?

Name _____ age _____

Name _____ age _____

In the event that I am unable to attend, I will try to find a replacement or notify the Friendship Circle 4 days prior to the event.

Volunteer's signature _____

Are your parents available to drive you to and from the Children's Circle? Yes / No

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 teen's photos to be used for publicity purposes. Yes No

Date / / Signature of parent/ Guardian _____