

VOLUNTEER CLUB—FRIENDS AT HOME



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Chanie Baitelman
Director

YOUR INFORMATION

Name _____
First Last

Age _____ Birth Date ____/____/____

Address _____

City _____ Zip Code _____

Home Phone _____

E-mail Address _____

School _____ Grade _____

ADDITIONAL INFORMATION

Father's Name _____ Mobile Phone _____
First Last

Mother's Name _____ Mobile Phone _____
First Last

E-mail Address: Father _____ Mother _____

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 _____

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

Name _____ Phone _____ E-mail Address _____

Are your parents available to drive you to or from a child's home? _____

Reference: Name _____ Relationship _____ Phone _____

PARENTAL CONSENT

I give my child _____ permission to volunteer in the Friendship Circle.

Date _____ Signature of Parent/ Guardian _____