



FRIENDSHIP CIRCLE

OF SUFFERN

TEEN VOLUNTEER PROGRAM SIGN UP

IMPORTANT INFORMATION

Thank you for your volunteering at the Friendship Circle.

If you would like to start volunteering, please fill out our forms. An initial interview must be arranged.

VOLUNTEER INFORMATION

First Name: _____ Last Name: _____

Birth Date: ____/____/____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

School Attending: _____ Graduating Year (HS): _____ Synagogue Affiliation: _____

Home Phone: _____ Cell Phone: _____

Email Address _____ Facebook Name: _____

How can we contact you? Home Phone Cell Phone Email Facebook Text Message

FAMILY INFORMATION

Parent's Address:

- Both parents have the same address as above
- Father has a different address than above
- Mother has a different address than above

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Father's Cell Phone: _____

Father's Email Address: (in caps) _____

Employer: _____ Work Phone: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Email Address: (in caps) _____

Employer: _____ Work Phone: _____



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VOLUNTEER MEDICAL INFORMATION, EMERGENCY CONTACT INFORMATION & WAIVERS

MEDICAL INFORMATION*

*If you are under 18, you must have a parent fill out the next sections. Name of parent filling out the information below:

First Name: _____ Last Name: _____

Does volunteer have any allergies: Yes No

If yes, please list allergies: _____

List any medication volunteer takes on a regular basis: _____

Please list any activities volunteer will not be able to participate in due to a limitation or medical condition. _____

Please list any additional concerns or information our staff should be aware of to ensure the volunteers safety. _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please contact:

First Name: _____ Last Name: _____

Relationship to Volunteer: _____

Home Phone: _____ Cell Phone: _____

WAIVERS *(Please initial each)*

Transportation

___ I hereby give permission to the Friendship Circle to transport my child to and from any excursion while my child is in their care.

Transportation II

___ I will not hold Friendship Circle liable for any accidents, injuries, damage or fatalities which may occur in transit to/from the aforementioned event.

Liability

___ I waive all rights to sue the aforementioned organizations for any of the above mentioned incidents which may occur in transit or at Friendship Circle.

Publicity

___ I agree that my child's photo may be used for any and all Friendship Circle publicity purposes.

Please complete the application by checking off the boxes below:

___ In the event I am unable to attend, I will try to find a replacement and notify the Friendship Circle prior to the event.

Volunteer's Signature: _____ Date: _____

**If the participant is under the age of 18 or a guardian signature is necessary, please sign below*

Full Name of Parent/Guardian (print) _____ Date: _____



FRIENDSHIP CIRCLE

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FRIENDSHIP CIRCLE'S CODE OF CONDUCT

I will promote the creation of a friendship community based on mutual respect and a sense of personal well-being. I will treat others with honor and respect because we are all created in the image of G-d.

As a volunteer of Friendship Circle:

- Volunteers MUST come 15 minutes prior to when their program begins in order to be ready and waiting for their buddy.
- Parents should be told encouraging things about their children. Any negative feedback should be told to staff and NOT parents.
- Feedback should be emailed to dsirota@jewishsuffern.com.
- Volunteer hours must be logged on our FCConnect App no later than a month after the program in order for it to be accepted. Absolutely no volunteer hour forms will be signed without them being logged on the app beforehand.
- In the event that someone gets hurt or some other detrimental incident occurs while I am volunteering, I will report the occurrence to the Friendship Circle Staff.
- I understand that parents are relying on the Friendship Circle to match their child with a responsible teenager. I agree to utilize my best judgment and sense of responsibility when spending time with the child I am matched with.
- I understand that the use of a cell phone during volunteering does not promote a healthy friendship and should only be used in case of emergency.
- I agree to respect the privacy of all participants of the Friendship Circle and to keep personal information confidential.
- I understand that once I commit to attend an event, the Friendship Circle staff and special friends are relying on me to be there. I agree to attend and give it my best effort. In the event that I cannot attend, I agree to give notice to Friendship Circle staff, at least 48 hours in advance.
- I agree to represent the Friendship Circle to the best of my abilities.
- I have carefully read agree to abide and be bound by all additional rules and policies in the Friendship Circle Handbooks and any additional rules pertinent to specific events.

I agree to volunteer for Friendship Circle. I grant Friendship Circle permission to use my name, image, likeness, or recording in connection with any promotional materials including, but not limited to, brochures, advertising, and broadcasts. I understand that participation in Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and agree to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct as set forth in the Friendship Circle Handbook, as it may be modified from time to time. I understand that this local Friendship Circle is an independent owned, operated and controlled. I release the Friendship Circle and its employees, directors, officers and volunteers as well as all other organizations associated with Friendship Circle from any and all claims or liability arising out of this participation.

Full Name of Volunteer (print) _____

Volunteer's Signature: _____ Date: _____

*If the participant is under the age of 18 or a guardian signature is necessary, please sign below

Full Name of Parent/Guardian (print) _____ Date: _____



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FRIENDS @ HOME

Flexible times and dates

Have you ever participated in friends @ home in the past?

Yes No

If so, what was the name of the child/family? _____

Would you like to continue with this family?

Yes No

What days are you available to do Friends @ Home?

Sunday Monday Tuesday Wednesday Thursday Friday

What time works best for you? _____

Do you have your Drivers License?

Yes No, If no, is a parent available to drive? Yes No

Do you have a friend you would like to volunteer with?

Yes No

Friend's Name: _____ Friend's phone # _____



FRIENDSHIP CIRCLE

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VOLUNTEER'S COMMITMENT TO EVERYONE'S SAFETY AND WELL- BEING

Friendship Circle provides very special and unique opportunities for volunteers, special friends and their families to enrich the lives of each other. In doing so, most participants will encounter new and sometimes challenging situations. Thus, it is imperative to set expectations at the beginning so that volunteers, special friends, and parents understand what they can expect. Therefore, volunteers, special friends, and their respective families each certify and agree to the following by signing below that I:

- Understand that participation in this activity is entirely voluntary and requires everyone to abide by applicable rules and standards of conduct;
- Understand that photographs can be private and sensitive and should not be shared by all.
- Understand that if a Friendship Circle Child needs help in the bathroom, it is my job to notify their parent or the Friendship Circle staff and have them guide me in the proper protocol.
- Do not use or possess any illegal drug, alcohol or controlled substances at any time, including at Friendship Circle events or programs;
- Do not have any alcohol or tobacco products at Friendship Circle events or programs;
- Do not bring any weapons, firearms or other dangerous items to any Friendship Circle event or program;
- Agree to have a background check performed on me;
- Understand that participation in Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for me and/or my child to participate in this activity and knowingly and freely assume all such risks;
- Will not participate in any activity that I believe I and/or my child cannot perform in accordance with the Friendship Circles activities' instructions or in a safe manner;
- If I observe any significant hazard during my or my child's participation in any event or program, I will stop and/or have my child stop participating in the event and inform the Friendship Circle of such hazard immediately;
- Agree to abide by and perform everything stated in the Handbook in its entirety.
- Agree Friendship Circle is not responsible for any damages to personal property or injury in which the Friendship Circle had no knowledge of the particular hazard or any activity outside of Friendship Circle sponsored events;
- Acknowledge that Friendship Circle is an independently owned, operated and controlled local corporation.
- Release Friendship Circle, the directors, board, officers, activity coordinators, and all employees, volunteers, related parties, and other organizations associated with the activity from any and all claims or liability arising out of this participation;
- Agree that in case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up

and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Full Name of Volunteer _____

Volunteer's Signature: _____ Date: ____/____/____

If the volunteer is under the age of 18, the signature of a parent or guardian signature is necessary, please sign

below: Full Name of Parent/Guardian _____

Parent/Guardian Signature _____ Date: ____/____/____



FRIENDSHIP CIRCLE

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TEEN VOLUNTEER REFERENCE FORM

The Friendship Circle extends a helping hand to families who have children with special needs, involving them in a full range of social and Judaic programs. While assisting families, our teenage volunteers become empowered and enriched - this friendship works both ways.

Please have this form filled out by a **non relative** and mailed directly to us. Working with children requires an incredible amount of responsibility and the information you provide will be very helpful to us. All information you provide will be held in confidence.

Name of Volunteer: _____

Name of Reference: _____ Contact Phone: _____

What is your relationship with the volunteer? _____

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
The teen is able to carry out responsibilities with little or no supervision					
The Teen is very responsible. They are able to make commitments and always keep them					
This teen shows a lot of tolerance and patience					
This teen will be a valuable asset to the family					
The Teen exhibits a high maturity level for their age					
The Teen is extremely suitable to work with children who have special needs					
The Teen has a very outgoing personality					

Any important information we must be aware of _____

Signature: _____ Date: _____



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