



4020 Nantucket Drive
Toledo, OH 43623
(419)-843-9393
friendshiptoledo@gmail.com

VOLUNTEER INFORMATION

Name:		
Birthday:		
Address:		
City:	OH	Zip:
Home Phone:	Cell Phone:	
Email Address:		
School:	Grade:	
Facebook:	IM:	

ADDITIONAL INFORMATION

PARENT'S NAME:		Parent's Cell Phone:	
When would you like to volunteer at the home of a child with special needs?			
FIRST CHOICE	DAY OF THE WEEK:	TIME:	
SECOND CHOICE	DAY OF THE WEEK:	TIME:	
Do you have a friend with whom you would like to volunteer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
YOUR FRIEND'S NAME:		PHONE NUMBER:	
Are your parents available to drive you TO or FROM the child's home?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please list one reference, who is not a relative. (For New FC Volunteers Only).			
Name:		Relationship:	Phone:
How would you prefer to be reminded about upcoming FC programs and events? (Please number in order of preference)		<input type="checkbox"/> email	<input type="checkbox"/> phone call
		<input type="checkbox"/> Facebook	<input type="checkbox"/> automated notification to cell

Volunteering Opportunities

I want to volunteer with Friends at Home	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I want to volunteer at Sunday Circle	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I want to volunteer at Bowling League	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I want to volunteer at Special Events	<input type="checkbox"/> YES	<input type="checkbox"/> NO