



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

YOUR CHILD’S INFORMATION		
Child’s Name: _____		
Birthday: _____		
Address: _____		
City: _____	OH	Zip: _____
Home Phone: _____	Email: _____	
School: _____	Grade: _____	

PARENTS’ INFORMATION		
Father’s Name: _____	Mother’s Name: _____	
Father’s E-mail: _____	Mother’s Email: _____	
Work Phone: _____	Work Phone: _____	
Cell Phone: _____	Cell Phone: _____	
I am interested in Friends@Home	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am interested in Family Holiday Programs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am interested in Sunday Circle	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am interested in Bowling League	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I would be interested in assisting with Friendship Circle future events	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you available to drive the volunteers TO or FROM your home? YES NO

WHEN WOULD YOU LIKE TO HAVE THE VOLUNTEERS VISIT YOUR CHILD?

1st Choice DAY OF THE WEEK: _____ TIME: _____

2nd Choice DAY OF THE WEEK: _____ TIME: _____

Would you benefit from having Friends @ Home volunteers come more than once a week? If yes, how many times per week would you like? (3 max)____ (Please note that this is based on volunteer availability; we’ll do our best to accommodate all requests.)

What characteristics in a volunteer would be best for your child? (i.e. athletic, verbal etc)) M F _____

What would you most like your child to gain by participating in Friendship Circle activities? _____



How would you prefer to be contacted about upcoming Friendship Circle events & programs?
(Please number according to preference)

email notification phone call to cell text message to cell facebook
 phone call to home automated notification to cell

PARENTAL CONSENT

It is a pleasure to provide you with Friends at Home service. However, it is necessary for the parents/guardians to assume responsibility to oversee activities shared together.

I agree that a parent/guardian will be at my home while the volunteers are interacting with my child. By signing below, I release the Friendship Circle, its providers and administrators, from ALL liability for any incident which affects the health, welfare, or safety of my child, _____ in the provision of such service.

I permit my child’s photo to be used for publicity purposes. YES NO

I permit my child’s photo to be used on our private local Friendship Circle web gallery. YES NO

Signature of Parent: _____ Date: _____

