

Instructions: Save form once fields are populated and email to [volunteer@ftfa.org](mailto:volunteer@ftfa.org)

## Friend to Friend America Student Application

### Applicant Information

Name \_\_\_\_\_  
First Middle Last

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F  
MM / DD / YYYY

Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_

Work Phone \_\_\_\_\_ OK to Call at Work? \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### References

Please list two references (other than family) with contact information. Friend to Friend America prefers references that are located in the state of Washington.

#### Reference #1

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Reference #2

Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

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### Tell Us a Little More About You

Languages you speak other than English?

Describe any other volunteer work you have performed:

Check any interests and/or skills that you have:

Reading      Movies      Animals      Card Games      History      Cooking  
Crafts      Gardening      Photography      Sewing      Sports      Music

Other: \_\_\_\_\_

Would you prefer to visit:    \_\_\_ Man    \_\_\_ Woman    \_\_\_ No Preference

Do you have a preference for the facility where you would like to visit with a new friend? Please list any preferences:

Do you have a preference for when you would volunteer?

\_\_\_ Weekdays    \_\_\_ Weekends    \_\_\_ Evenings

School Name: \_\_\_\_\_

School Contact: \_\_\_\_\_

How did you hear about Friend to Friend America? \_\_\_\_\_

Friend to Friend America will not discriminate against any individual because of race, age, sexual orientation or religious views. All volunteers are subject to a background check. Your signature below give Friend to Friend America permission to perform a background check as required by the Child/Adult Abuse Information Act RCS 43.43.830 through 43.43.845.

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_