

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	_____
	<small>First Middle Initial Last</small>
Street Address	_____
City, State, Zip	_____
Phone	_____
Email	_____
Date of Birth	_____
	<small>MM / DD / YYYY</small>
Gender:	M F
School Name	_____
School Address	_____
	_____

### References

Please list two school references (other than family) with contact information.

#### Teacher #1

Name	_____
Email	_____
Phone	_____

#### Teacher #2 / Guidance Counselor

Name	_____
Email	_____
Phone	_____

### Emergency Contact Information

Name	_____
Email	_____
Relationship	_____
Phone	_____

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## Friend to Friend America Student Application

### Tell Us a Little More About You

Languages you speak other than English? \_\_\_\_\_

Describe any other volunteer work you have performed:

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Check any interests and/or skills that you have:

Reading      Movies      Animals      Card Games      History      Cooking

Crafts      Gardening      Sewing      Photography      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:

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Do you have a preference for when you would volunteer?

Weekdays                      Weekends                      Evenings

How did you hear about Friend to Friend America?

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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 gives Friend to Friend America permission to perform a background check as required by the Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845.

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

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

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