

Instructions: Save form once fields are populated and email to volunteer@ftfa.org

## Friend to Friend America 2020 Student Application

### Applicant Information

Name

First

Middle Initial

Last

Street Address

City, State, Zip

Phone

Email

Date of Birth

MM / DD / YYYY

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 2020 Student Application

### 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	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:

\_\_\_\_\_

Do you have a preference for when you would volunteer?

Weekdays                      Weekends                      Evenings

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 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: \_\_\_\_\_