Application for FRIEND TO FRIEND

To help us better know you and to help in matching you with your new Friend, please fill in every line unless it does not apply. We do not share this information with any other organization outside the 'home'.

Name _____ ***Home Phone ( )*** _____
First Middle Init Last

Address _____ ***WA 98*** _____ ***When is best time to call?*** _____
Street Address Apt # City Zip

Name of parent(s) you live with: _____ ***School:*** _____

Age (circle): _____ ***Under 10 11-13 14-16 17-over Grade:*** _____

Education: Elementary High School College Other (specify) _____

Languages you speak other than English _____

Place of Worship: _____ ***Pastor/Rabbi:*** _____

How will you get to the facility? _____

Other volunteer work you have done: _____

Interests/ skills (circle) animals artist play-cards computer cooking exercising crafts collector of _____ gardening games photography rocks reading sewing music (what kind) _____ ***Other*** _____

Do you like to read aloud? _____ ***Do you read well?*** _____

Other preferences? _____

Please list two adult references with address and phone numbers so they can be contacted :

_____ _____ _____ _____ _____ _____
Name Address City Zip Home Phone WkPhone

_____ _____ _____ _____ _____ _____
Name Address City Zip Home Phone WkPhone

How did you find out about FRIEND TO FRIEND? _____

FRIEND TO FRIEND PLEDGE

_____***I agree to work in activities or visit residents as I am assigned on a regular basis for one year***
_____***I agree to read carefully the orientation materials and abide by the rules of the home being visited***
_____***I will always give a courtesy call if I cannot keep the appointed day***
_____***I will notify FRIEND TO FRIEND if my address changes or if I must discontinue***

Date _____ ***Signature*** _____

Office use: *Date appl rec'd* _____ *Home Coord:* _____
Date frwd to 'home/Coord' _____ *How volunteering:* _____
FORM: Word.applcatn.06/03 *volunteer follow up* _____