

# MVP VOLUNTEER APPLICATION



1952 S. Robertson Blvd,  
Los Angeles, CA 90034

P 310.280.0955

F 310.280.0974

info@fcla.org www.fcla.org

## THE FRIENDSHIP CIRCLE OF LOS ANGELES

Please note this application is only applicable for the MVP program and is not valid for volunteering at other FCLA programs.

### VOLUNTEER INFORMATION

AS OF SEPTEMBER 1, 2018 <input type="checkbox"/> 6TH GRADE <input type="checkbox"/> 7TH GRADE <input type="checkbox"/> 8TH GRADE		DATE	SESSION # :
LAST NAME:		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
FIRST NAME:		HEBREW NAME:	
DATE OF BIRTH:		HEBREW B-DAY (IF KNOWN):	
SCHOOL ATTENDING:		SYNAGOGUE AFFILIATION:	
HOME ADDRESS OF VOLUNTEER:	STREET / APT / CITY / STATE / ZIP		
VOLUNTEER CELL PHONE:		VOLUNTEER EMAIL:	
PARENTS / GUARDIAN STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE PARENT   VOLUNTEER LIVES WITH:			
IF THIS WILL BE YOUR BAR/BAT MITZVAH PROJECT, WHAT DATE WILL YOU BE HAVING YOUR BAR/BAT MITZVAH?			

### PARENTS/GUARDIAN INFORMATION

MOTHER	FATHER
LAST NAME:	LAST NAME:
FIRST NAME:	FIRST NAME:
HEBREW NAME:	HEBREW NAME:
OCCUPATION:	OCCUPATION:
PLACE OF EMPLOYMENT:	PLACE OF EMPLOYMENT:
CELL PHONE:	CELL PHONE:
EMAIL (IN CAPS):	EMAIL (IN CAPS):

## ACCIDENT AND TRIP DECLARATION

**ACCIDENT:** AS THE PARENT(S) / LEGAL GUARDIAN OF \_\_\_\_\_, I/WE AUTHORIZE ANY ADULT ACTING ON BEHALF OF FRIENDSHIP CIRCLE LOS ANGELES TO HOSPITALIZE OR SECURE TREATMENT FOR MY CHILD, I FURTHER AGREE TO PAY ALL CHARGES FOR THAT CARE AND/OR TREATMENT. IT IS UNDERSTOOD THAT IF TIME AND CIRCUMSTANCES REASONABLY PERMIT, FRIENDSHIP CIRCLE PERSONNEL WILL TRY, BUT ARE NOT REQUIRED, TO COMMUNICATE WITH ME PRIOR TO SUCH TREATMENT.

**TRIPS AND OUTINGS:** I HEREBY GIVE PERMISSION FOR MY CHILD/SELF \_\_\_\_\_ TO ATTEND AND PARTICIPATE IN ALL TRIPS AND OUTINGS ORGANIZED AS PART OF THE PROGRAM BY FRIENDSHIP CIRCLE.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PARENTAL CONSENT

PLEASE INITIAL EACH STATEMENT:

\_\_\_\_\_ I hereby give permission for my child \_\_\_\_\_ to attend and participate in the MVP program and volunteering experience at the Friendship Circle.

\_\_\_\_\_ I grant the Friendship Circle permission to use my or my child's name, image, likeness or recording in connection with any promotional materials including, but not limited to, brochures, advertising, social media and broadcasts.

PARENT/ GUARDIAN'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

### We are excited to have your child participate in the Mitzvah Volunteer Program!

Although this program is non - fee based we would like to extend the opportunity for you to make a contribution towards MVP and help educate tomorrow's ambassadors of an inclusive society.

FIRST NAME		LAST NAME	
ADDRESS: CITY / STATE / ZIP			
CREDIT CARD INFORMATION <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER			
CC#	CVC	EXP DATE _____ / _____	
BILLING ZIP CODE	SIGNATURE		
PLEASE CHARGE MY CREDIT CARD FOR THE AMOUNT OF \$ _____			

IF YOU PREFER TO MAIL A CHECK, PLEASE MAKE IT PAYABLE TO FRIENDSHIP CIRCLE OF LOS ANGELES AND MAIL TO:  
FRIENDSHIP CIRCLE OF LOS ANGELES: 1952 S. ROBERTSON BLVD. LOS ANGELES, CA 90034

## FRIENDSHIP CIRCLE VOLUNTEER REFERENCE FORM

THE FRIENDSHIP CIRCLE EXTENDS A HELPING HAND TO FAMILIES WHO HAVE CHILDREN WITH SPECIAL NEEDS, INVOLVING THEM IN A FULL RANGE OF SOCIAL AND JUDAIC PROGRAMS. WHILE ASSISTING FAMILIES, OUR VOLUNTEERS BECOME EMPOWERED AND ENRICHED - THIS FRIENDSHIP WORKS BOTH WAYS.

PLEASE HAVE THIS FORM FILLED OUT BY A **NON-RELATIVE** AND MAILED DIRECTLY TO US IN OUR ENCLOSED FC RETURN ENVELOPE. WORKING WITH CHILDREN REQUIRES AN INCREDIBLE AMOUNT OF RESPONSIBILITY AND THE INFORMATION YOU PROVIDE WILL BE VERY HELPFUL TO US. ALL INFORMATION YOU PROVIDE WILL BE HELD IN CONFIDENCE.

NAME OF VOLUNTEER:

NAME OF REFERENCE:

CONTACT #

WHAT IS YOUR RELATIONSHIP WITH THE VOLUNTEER?

	STRONGLY AGREE	AGREE	DON'T KNOW	DISAGREE	STRONGLY DISAGREE
THE APPLICANT IS VERY RESPONSIBLE. THEY ARE ABLE TO MAKE COMMITMENTS AND ALWAYS KEEP THEM					
THIS APPLICANT SHOWS A LOT OF TOLERANCE AND PATIENCE					
THIS APPLICANT WILL BE A VALUABLE ASSET TO THE FAMILY					
THE APPLICANT EXHIBITS A HIGH MATURITY LEVEL FOR THEIR AGE					
THE APPLICANT IS EXTREMELY SUITABLE TO WORK WITH CHILDREN WHO HAVE SPECIAL NEEDS					
THE APPLICANT HAS A VERY OUTGOING PERSONALITY					
ANY IMPORTANT INFORMATION OR CONCERNS THAT WE MUST BE AWARE OF:					

SIGNATURE:

DATE:

PLEASE RETURN THIS FORM TO THE FRIENDSHIP CIRCLE: 1952 S ROBERTSON BLVD | FAX: 310.280.0974