



4200 Biscayne Blvd.  
Phone: 305-330-5653  
Fcmiami.org

## Volunteer Application

### Your Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Sex \_\_\_\_\_ Birth date \_\_\_ / \_\_\_ / \_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
School \_\_\_\_\_  
Facebook \_\_\_\_\_

### Additional Information

Father's name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*Title First Last*  
Mother's name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
*Title First Last*  
Father's Cell Phone ( ) \_\_\_\_\_ Mother's Cell Phone ( ) \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

### Parental Consent

I give my child permission to volunteer in the Friendship Circle Yes No  
I permit my child's photos to be used for publicity purposes Yes No  
Date \_\_\_ / \_\_\_ / \_\_\_ Signature of Parent/Guardian \_\_\_\_\_