



A Program of
The Friends Foundation
P.O. Box 8
Dripping Springs, TX 78620

Volunteer Application and Consent to Release Information

I understand The Friends Foundation policy to protect clients and their privacy and agree to abide by this policy. I understand a driver's license and criminal background check will be conducted in verifying identification and checking required records as part of the volunteer application and grant permission for The Friends Foundation to perform these searches. I certify the information I have provided below is true and correct and understand this information and any information obtained by the organization will be strictly confidential and used for the sole purpose of this application.

PLEASE PRINT

Date: _____

Legal Name: _____
Last First Middle

Home Address: _____
Street Number Street Name

Home Address: _____
City State Zip Code

Date of Birth: ____/____/____ Driver's License Number/ State: _____
Copy of Driver's License Required

Automobile Insurance Provided by: _____
Copy of Proof of Insurance and Declaration Page Required

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Circle Preferred: Home Cell Work

Personal Email: _____

Work Email: _____ Circle Preferred: Personal Work

Emergency Contact: _____ Relationship: _____

Phone: _____

Applicant's Signature: _____

**Thank you for volunteering.
The Friends Foundation**