



350 Haverstraw Rd. Suffern, NY 10901
 (845) 368-1889 - www.JewishSuffern.com/FriendshipCircle

Registration Form

Your Child

Child's Name _____ Birth Date ____/____/____

Address _____ City _____ Zip Code _____

Phone (____) _____ Child's E-mail Address _____

School _____ Grade _____

Parents

Mother's Name _____
Title First Last

Father's Name _____
Title First Last

Mother's E-mail Address _____ Mother's Cell Phone(____) _____

Father's E-mail Address _____ Father's Cell Phone (____) _____

Friends @ Home

If your child will be participating in F@H please fill this out.

When would you like the volunteers to come and visit your home?

(1st choice) Day of the week _____ Time _____

(2nd choice) Day of the week _____ Time _____

What does your child enjoy doing most? _____

Is there anything in particular that your child does not like doing? _____

Is there anything we need to know about your child? _____

Parent's Signature _____ Date _____



Emergency Form

Your Child

Child's Name _____ Birth Date ____/____/____
Address _____ City _____ Zip Code _____
Phone (____) _____ Child's E-mail Address _____

Parents

Mother's Name _____
Mother's Cell Phone (____) _____ Mother's Work Number (____) _____
Father's Name _____
Father's Cell Phone (____) _____ Father's Work Number (____) _____

Emergency Contact

Emergency contact (other than parent) Name _____
Phone (____) _____ Cell _____

Medical Information

Please list any allergies _____
Please list any medical conditions that we should be aware of _____

 If parents cannot be reached and emergency medical advice is needed, permission is given to the Friendship Circle staff to phone my Child's doctor.
Doctor _____ Phone () _____
Address _____ Town _____
Doctor's hospital affiliation _____
 In case of medical emergency requiring immediate emergency care, I authorize the paramedics to take my child to the nearest hospital, if necessary.
Health insurance: Name _____ Number _____

Parent's Signature _____ Date _____



PARTICIPANT CODE OF CONDUCT

As a participant in Friendship Circle:

- * I understand that Friendship Circle will match me with a teenage volunteer.
- * I understand that, it is necessary for me and my parent(s)/guardian(s) to assume full oversight and supervision responsibilities with respect to all activities Friendship Circle’s assigned teen mentor(s) share(s) with my child in connection with his/her participation in the program.
- * I agree to respect the privacy of all participants of the Friendship Circle and to keep personal information confidential.
- * If someone gets hurt or some other incident occurs during a Friendship Circle program, it is my responsibility to immediately report the occurrence to Friendship Circle staff.
- * **AS AN EXPRESS PRECONDITION OF YOUR CHILD’S ADMISSION INTO THE PROGRAM, THIS FORM MUST BE SIGNED AND RETURNED TO THE FRIENDSHIP CIRCLE. EXECUTION OF THIS FORM SERVES AS YOUR ACKNOWLEDGEMENT: (1) OF THE CRITICAL IMPORTANCE FRIENDSHIP CIRCLE PLACES ON YOUR AGREEMENT TO AT ALL TIMES HAVE AT LEAST ONE PARENT/GUARDIAN “ON PREMISES” DURING THE ENTIRETY OF EACH FRIENDS@HOME RELATED VISITATION; AND (2) THAT THE PARENT/GUARDIAN TAKES FULL RESPONSIBILITY FOR EVERYTHING THAT TRANSPIRES DURING THE VISIT AND EXEMPTS FRIENDSHIP CIRCLE FROM ANY RESPONSIBILITY OR LIABILITY;**
- * **THE FAILURE TO ABIDE BY ANY OF THESE REQUIREMENTS MAY, IN THE EXERCISE OF FRIENDSHIP CIRCLE’S SOLE AND ABSOLUTE DISCRETION, RESULT IN THE TERMINATION OF ANY OR ALL FURTHER PROGRAM RELATED ACTIVITIES WITH YOUR CHILD.**
- * **I have carefully read and agree to abide and be bound by all additional rules and policies in the Friendship Circle Handbook and any additional rules pertinent to specific events.**
- * I grant Friendship Circle permission to use my and my child’s name, image, likeness, or recording in connection with any promotional materials including, but not limited to, brochures, advertising, and broadcasts. _____ *Please initial.*

I give my child permission to participate in Friendship Circle. I understand that participation in Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and give consent for myself and/or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide and be bound by all applicable rules and policies as set forth in the Friendship Circle Handbook, as it

may be modified from time to time and any additional rules pertinent to specific events. I understand that this local Friendship Circle is independently owned, operated and controlled I release the Friendship Circle and its employees, directors, officers, and volunteers as well as its affiliates and all other organizations associated with Friendship Circle from any and all claims or liability arising out of this participation.

Participant's Name: _____

Participant's Signature: _____ When Applicable Date: ____/____/____

Parent/ Guardian's Name: _____

Parent/ Guardian's Signature: _____ Date: ____/____/____



PARTICIPANT’S COMMITMENT TO EVERYONE’S SAFETY AND WELL-BEING

Friendship Circle provides very special and unique opportunities for volunteers, special friends and their families to enrich the lives of each other. In doing so, most participants will encounter new and sometimes challenging situations. Thus, it is imperative to set expectations at the beginning so that volunteers, special friends, and parents understand what they can expect. Therefore, volunteers, special friends, and their respective families each certify and agree to the following by signing below that I:

- Understand that participation in this activity is entirely voluntary and requires everyone to abide by applicable rules and standards of conduct;
- Understand that photographs can be private and sensitive and should not be shared by all.
- Do not use or possess any illegal drug, alcohol or controlled substances at any time, including at Friendship Circle events or programs;
- Do not have any alcohol or tobacco products at Friendship Circle events or programs;
- Do not bring any weapons, firearms or other dangerous items to any Friendship Circle event or program;
- Do not have any unsecured firearms in a home which hosts a Friends at Home program;
- Have not and do not have any individual that has been convicted of a crime, other than minor traffic violations, living at or visiting a home that hosts a Friends at Home program and have not themselves been convicted of a crime;
- Do not have any individual that has a history of violence or abuse of any kind living at or visiting a home that hosts a Friends at Home program;
- Agree to have a background check performed on me;
- Understand that participation in Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for me and/or my child to participate in this activity and knowingly and freely assume all such risks;
- Will not participate in any activity that I believe I and/or my child cannot perform in accordance with the Friendship Circles activities’ instructions or in a safe manner;
- If I observe any significant hazard during my or my child’s participation in any event or program, I will stop and/or have my child stop participating in the event and inform the Friendship Circle of such hazard immediately;
- Agree to abide by and perform everything stated in the Handbook in its entirety.
- **Agree Friendship Circle is not responsible for any damages to personal property or injury in which the Friendship Circle had no knowledge of the particular hazard, or any activity outside of Friendship Circle sponsored events;**
- **Acknowledge that Friendship Circle is an independently owned, operated and controlled local corporation.**
- **Release Friendship Circle, the directors, board, officers, activity coordinators, and all employees, volunteers, related parties, and other organizations associated with the activity from any and all claims or liability arising out of this participation;**
- Agree that in case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of

medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Please sign as appropriate:

Participant's Name: _____

Participant's Signature: _____ *When Applicable* **Date:** ____/____/____

Parent/ Guardian's Name: _____

Parent/ Guardian's Signature: _____ **Date:** ____/____/____



Thank you for taking the time to register for FC 2017-2018! We look forward to having your child participate in many of the exciting programs that we have planned for this year.

At the Friendship Circle we are committed to providing meaningful programs and activities in a safe environment. In a continuous effort to enhance the experience for our families, the participants, and our volunteers, we want to ensure that there is a mutual understanding of what is expected from all parties.

Beginning this year, we are instituting a number of new procedures and policies that are required in order to participate in Friendship Circle programs:

Volunteer Requirements
 Registration Form
 Code of Conduct Forms
 2 Reference Letters
 Background Check (18+)

Family Requirements
 Registration Form
 Code of Conduct Forms
 Background Check (18+)

Background checks are required to be completed by the following people:

- Participants and Volunteers –18 and older
- 'Friends @ Home' parents or adult responsible to personally oversee the visits.

Please take a few minutes to review the enclosed material, sign the documents and return them to us. You will receive a link to complete an online form for the background check, once we have a volunteer ready to visit with your child. Please be assured that all information will be kept completely confidential. We have partnered with "Verified Volunteers" to complete this process securely. The Friendship Circle will never see your personal information or background information, and will only receive a report with your clearance.

If you have any questions or concerns please feel free to contact us.

We look forward to continuing this very valuable partnership.

Thank you.

Devorah Sirota
 Director