

Volunteer Application

dsfriends.net



Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

Your requested Placement at Buddy Walk or any other FRIENDS event.

Shirt Size requested	
Placement / Time	

Person to Notify in Case of Emergency

Name	
Phone Number	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

I agree to keep any personal information that I may learn about event attendees confidential.

I agree to hold FRIENDS harmless in the event of illness or injury to myself.

I also understand that all FRIENDS events are tobacco and alcohol free.

Name (printed)	
Signature	
Date	
If a minor – Parent or guardian signature required.	

