



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 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**