



FRISCO RESALE

Please Print

_____/_____/_____
 Today's Date
 ____/____/____

 First Name Last Name Date of Birth

 Address City State Zip Code

 Home Phone Mobile Phone Physical Limitations (if any)

 Emergency Contact Relationship Phone

 Other Languages Spoken Email Address

Please check any special skills/interest:

Please check the areas of interests:

- | | | |
|-----------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Office/Clerical Assistance | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Where I am needed most |
| <input type="checkbox"/> Retail Experience | <input type="checkbox"/> Marketing/ Public Relations | <input type="checkbox"/> Resale Store |
| <input type="checkbox"/> Handyman Services | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Additional Skills _____ | <input type="checkbox"/> Office/Clerical Assistance |

What is your availability? (Please check all days and times when you are available to volunteer)
 2 hour commitment required

Times	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Other
Morning								
Afternoon								
Evening								

How often are you willing to volunteer?

- | | | |
|------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1 x Week | <input type="checkbox"/> 1 x Month | <input type="checkbox"/> Short Notice |
| <input type="checkbox"/> 2 x Month | <input type="checkbox"/> Whenever Needed | <input type="checkbox"/> Other _____ |

Court Information

 Name of Probation Officer or Municipal Court Phone Number Fax Number

 Offense Total Hours to Complete Date hours must be completed by:

 Previous Offense (if any)

Please read and sign to accept the following guidelines and policies:

- I will hold in confidence all information regarding clients, donors, volunteer, and records of Frisco Family Services Center (FFSC). I understand no client will be photographed in a manner which would identify them unless the client has given written release.
- I hereby release, acquit, forever discharge, defend and hold harmless FFSC, including all directors, members, employees, and representatives of FFSC from any and all personal injury, negligence, liability, damages, obligations, claims, actions, causes of actions, losses, and cost of expenses incurred as a result of my participation as volunteer.
- Frisco Family Services Center is not obligated to provide placement, nor am I required to accept a volunteer position. Opportunities are offered without regard to religion, race, creed, national origin, or gender.
- I certify that I have not received FFSC client services within the previous six months.
- I have read and understand the guidelines given to me on the guidelines sheet.
- I understand that I will not be paid for my services.

 Signature Date

 Parent/Guardian Signature Date
 (required for those under the age of 18 prior to volunteer service and those under 16 must be accompanied by parent/guardian during service)