



For Office
Use Only.
Date Rec'd
by FNS:

Volunteer Registration Form

The Friday Night Supper Program
c/o The Arlington Street Church
351 Boylston Street | Boston, MA 02116
Phone: (617) 536-7050 x22

Email: fridaynightsupervolunteers@yahoo.com | Website: www.fridaynightsupper.org

PLEASE PRINT LEGIBLY. Please return this form to your orientation leader. Your personal information is not shared.
Volunteers must be at least 18 years of age, or 16 years of age with a waiver from a parent or guardian.

Volunteers aged 12 – 15 may attend the Friday Night Supper Program only if their parent or guardian is an oriented volunteer who is participating in the program with them.

VOLUNTEER DEMOGRAPHICS

Mr. Mrs. Ms. Dr. Other _____

Name: First: _____ Middle: _____ Last: _____ Nickname: _____

Date of Birth (MM/DD/YYYY): __/__/____ (Required due to volunteering age restrictions) **Gender:** Male Female

Ethnicity: African/American Asian/Pacific Islander Bi-/Multi Racial Caucasian Hispanic/Latino Native American
 West Indian/Caribbean Other: _____

Education: High School/GED Trade School Assoc. Degree Undergraduate Study Undergraduate Degree
 Graduate/Professional

Marital Status: Single Partnered Married Other: _____

How did you hear about the Friday Night Supper Program?

- | | |
|--|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Corporate Volunteer Project: _____ |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Special Event/Volunteer Fair |
| <input type="checkbox"/> Friend/Volunteer: _____ | <input type="checkbox"/> Dignity Boston |
| <input type="checkbox"/> Company/School: _____ | <input type="checkbox"/> Arlington Street Church |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other Church: _____ |

ADDRESS, PHONE AND EMAIL

Preferred Mailing Address? Home Work/School

Home Address

Street/P.O Box: _____ Apt/Suite: _____

City: _____ State: _____ Zip: _____ Neighborhood/Region: _____

Work/School Address

Company/School: _____ Title: _____

Address: _____ Floor/Suite: _____

City: _____ State: _____ Zip: _____ Neighborhood/Region: _____

Preferred Email Address? Personal Business/School

Business Email: _____ **Personal Email:** _____

Preferred Phone Number? Home Business/School Cell

Home: () _____ - _____ **Business:** () _____ - _____ **Cell:** () _____ - _____

Emergency Contact: Name: _____ Relationship: _____ Phone: () _____ - _____

