

BFF APPLICATION

Name: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Language(s) Spoken: _____

How did you hear about BFF? _____

HOW WOULD YOU LIKE TO HELP?

- | | |
|---|---|
| <input type="checkbox"/> 'As-Needed' Volunteer | <input type="checkbox"/> Social Media Support |
| <input type="checkbox"/> Holidays & Birthday Celebration Crew | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Volunteer in our Office | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Homemade Baked Goods | |
| <input type="checkbox"/> Art Projects & Decorating | |
| <input type="checkbox"/> Other: _____ | |

Current Palm Beach County School Employee? YES NO

If Yes, List School and Position: _____

In Case of Emergency Contact: _____
NAME / PHONE

Signature: _____