

Application Form for Project Friendship

Instructions: To apply for Project Friendship please complete this form, attach a signed Parent/Guardian Permission Form, and send to Eileen Klima, LMFT Director: Disastershock Global Response Team Ambassador Program eklima@nohum.k12.ca.us

My Name:

Age:

Grade:

Name of my School:

Reasons I would like to participate in Project Friendship:

Please briefly describe:

My Favorite Music:

My Favorite Subjects at School:

My Favorite Hobbies and Activities:

If accepted for Project Friendship I agree:

1. To engage in respectful communication with my assigned Project Friendship Ambassador.
2. That if I experience any situations where I feel uncomfortable, or don't know what to say, I will seek advice from the Project Friendship leaders Ms. Klima or Ms. Baera.
3. To refrain from engaging in political discussions during my communication with my assigned Ambassador. I understand that the purpose of this project is to provide friendship and support.

Print Full Name:

Signature:

Date:

