

Volunteer Application Form

Name: _____ Phone _____

Address: _____ City: _____ Zip: _____

E-mail address: _____

How long have you lived at this address? _____

List previous address if you have lived at current address less than two years: _____

How long have you lived in this country? _____

Current Employer: _____ Supervisor: _____

Phone: _____ Hours _____ May we call you at work? _____

SS # _____ - _____ - _____ DOB _____ - _____ - _____ NCDL# _____ Expiration Date _____

EDUCATION (Indicate schools, majors, degrees): _____

Why are you interested in volunteering? _____

Briefly list any experience working with young people; Include dates. _____

Previous Volunteer Experience: _____

What are your hobbies, special talents or skills: _____

Please list clubs, professional organizations, church, or temple affiliation (indicate offices held and year): _____

What are your volunteer goals? (Check all that apply)

____ Learn New Skill ____ Share Talent _ Share Ideas

____ Help Community ____ Fun __ Meet & Work with People

____ Other: _____

Have you been convicted of a criminal offense other than a traffic violation?

____ Yes ____ No

Have you ever had a driving violation? ____ Yes ____ No

If yes, please explain _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Volunteer Positions: (Check all that apply)

____ Classroom Assistant ____ Private Art Lessons ____ Office Assistant

____ Cultural Mentor Program ____ Public Relations ____ Vol. Recruiter

____ Supervising children at board meetings ____ Fundraising

Time Commitment & Availability

Day(s) Available: _____ Monday _____ Tuesday ____ Wednesday _____ Thursday

Friday _____ Weekends

Time Preference: ____ Mornings ____ Afternoons _____ Evenings

How Did You Find Out About DREAMS Volunteer Program?

Source: Brochure ____ Friend _____ School _____ Other _____

Personal References:

1. Name: _____ Position/Title: _____

Address: _____

Phone: _____ Years Known: _____

2. Name: _____ Position/Title: _____

Address: _____

Phone: _____ Years Known: _____

If you have done volunteer work with young people prior to this time, list as a reference your supervisor(s).

1. Name: _____ Position/Title: _____

Address: _____

Phone: _____ Years Known: _____

2. Name: _____ Position/Title: _____

Address: _____

Phone: _____ Years Known: _____

I certify that all information on this application is true. I understand that any false statements or withheld information on my part will be reason to disqualify me from serving as a volunteer. I give my permission to the Director of this program to contact the references I have listed. I also understand that there will be a criminal background check done to protect the program n and the children. I also authorize the Director to inquire about my qualifications from other people or organizations deemed appropriate.

Signature: _____

Date: _____

For Office Use Only:

Date Received: __/__/__

Contact Date: __/__/__

Interview Date: __/__/__

Orientation Date: __/__/__

Start Date: __/__/__

__ Verified all fields are complete.