

Dream Small Volunteer Application Form

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Languages Spoken: _____

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once A Week More Than Once A Week
 One Time Only As Needed OTHER

I Could Serve More Than One Person: Yes No Extended Trip

SECTION IV

Do You Have A Valid (State) Driver's License? Yes No

License Number: _____ Vehicle License Plate Number _____

Insurance Company: _____ Policy #: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? Yes No

If Yes, Please Explain: _____

Do You Have Any Physical Conditions that May Limit your Activities? Yes No

If Yes, Describe: _____

Who To Notify In Case Of An Emergency? _____

Telephone Number: _____

SECTION V [References]

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Comments:

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Signature Of Applicant

Date