



Volunteer Application

This form must be completed in its entirety



First Name _____ Middle Name _____ Last Name _____

Home Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone Numbers _____
Please include area codes cell home work

Preferred method of communication (please circle): cell home work Best time to call: _____

Male () Female () Email _____

Date of Birth _____ Social Security Number _____ (needed for background check)

Employer _____ Position _____

Work Address _____

City _____ State _____ Zip _____

PLEASE ANSWER ALL QUESTIONS

Why are you interested in volunteering with Deliver the Dream?

<u>DTD USE ONLY</u>			
Application Received _____	Contacted _____	Orientation _____	
RECEIVED Releases _____	Medical Form _____	T-Shirt Money _____	Background Check _____

How did you hear about Deliver the Dream? ()Word of Mouth ()Newsletter ()DTD event ()Other _____

I would like to be considered for the following volunteer opportunities (you may select more than one):

- ()Retreats - *must be 18 years of age*
- ()Special Events
- ()Office Help

Please list any languages that you speak, read and/or write fluently, in addition to English _____

Please list any relevant volunteer or work experience:

Organization _____

Describe work or volunteer service below:

Have you ever been charged with or convicted of the following: *(please circle yes or no)*

- a) Felony? Yes No
- b) Any crime involving a sex offense, an assault or the use of a weapon? Yes No
- c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? Yes No
- d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger? Yes No

If you answered Yes to any of the above four items, please explain. _____

Deliver the Dream has my permission to run a background check on me. Yes No

If selected, I give my permission to include my name and/or picture in all Deliver the Dream promotional material, newspapers, TV, radio, brochures, videos, web site, etc. Yes No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for Deliver the Dream.

Your Signature

Date

Please mail or fax your completed application to:
Deliver the Dream
3223 NW 10th Terrace, Suite 602
Ft. Lauderdale, FL 33309
954-564-4385 Fax