



Children's Dream Fund Volunteer Application

Name: _____ Birthday: _____

Preferred address: Home If Business, include name _____

Address: _____

City, State, Zip: _____

Preferred Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____ Relationship _____

Are you currently employed? Yes No Are you currently a student? Yes No

If so, where? _____ Occupation: _____

Other organizations for whom you volunteer: _____

Community Affiliations (Social/Civic): _____

I am interested in volunteering for the following:

Events: Golf Tournaments Fishing Tournaments Fashion Shows
 Auction/Gala Parades Other
 Public Speaking Community Fairs

Office work: Special interests/skills (MS Word, Excel, Publisher, graphics, data entry, mailings, filing, phones)

Do you speak any languages other than English? Please specify: _____

How did you hear about volunteer opportunities at the Children's Dream Fund?

Friend Relative Employee Internet Media Other

Why would you like to volunteer at the Children's Dream Fund?

Community involvement Family member a dream recipient School requirement
 Hoping to gain employment Other



PO BOX 1881 - ST PETERSBURG, FL 33731 - TEL 727.896.6390 - FAX 727.896.6380 - WWW.CHILDRENSDREAMFUND.ORG

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

REGISTRATION #CH1278



Limitations: Do you have physical limitations which may require reasonable accommodation in order for you to perform the duties of a volunteer? If so, please explain: _____

Please let us know when you are available to volunteer for the Children's Dream Fund:

Weekdays Weekends Mornings Afternoon Evenings Any

Are there any specific days/times you would prefer to volunteer?

Please specify: _____

Special Projects: Are you available to assist with special projects: Yes No

Add me to your newsletter mailing list

I agree to keep confidential all information about The Children's Dream Fund's donors, dream recipients and their families. I also agree to keep confidential any personal or financial information about the Children's Dream Fund to which I may be exposed as a result of my work as a volunteer.

Signature: _____ Date: _____

Please return to:
Amanda Griffin
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St. Petersburg, FL 33731-1881
Email: agriffin@childrensdreamfund.org
Fax to 727.896.6380

Visit our website: www.childrensdreamfund.org

