



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 of a dream recipient School requirement
 Hoping to gain employment Other



- 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: _____

- Add me to your newsletter mailing list:** Yes No

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:
Sara Louderback**

Children's Dream Fund
PO Box 1881

St. Petersburg, FL 33731-1881

Email: slouderback@childrensdreamfund.org

Fax to 727.896.6380

Visit our website: www.childrensdreamfund.org