



## 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    \_\_\_ Outdoor 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:**

Children's Dream Fund

PO Box 1881

St. Petersburg, FL 33731-1881

Email: [info@childrensdreamfund.org](mailto:info@childrensdreamfund.org)

Fax to 727.896.6380

**Visit our website:** [www.childrensdreamfund.org](http://www.childrensdreamfund.org)