



## Children's Dream Fund Volunteer Application

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Preferred address:  Home  Business If Business, include name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Cell  Home  Business

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  Retail/Restaurant/Community Events  
 Fishing/Other Outdoor Tournaments  Auction/Gala  Public Speaking

**I am interested in the Dream Fund Internship Program**

Office work: Do you have any special interests/skills you would like to share? (Word/Excel, Canva/ graphic design, photography, building/handyperson skills, organization, etc)

\_\_\_\_\_

Do you speak any languages other than English fluently? Please specify: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_



**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

Once you are added to our mailing list, you will receive emails whenever volunteer opportunities are available. You can reply back to sign up for any opportunities you'd like to join! If you have friends who would like to volunteer with you, please have them fill out the application so we can get them on file prior to our event.

**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:**

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

Fax to: 727.896.6380

or mail to:  
Children's Dream Fund  
PO Box 1881  
St. Petersburg, FL 33731-1881

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