



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:

Emma Richardson

Email: erichardson@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