



6803 Southpoint Parkway
Jacksonville, FL 32216
904.296.3030 Phone
904.296.4244 Fax

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Dreams Come True! We are the First Coast's only locally based non-profit organization dedicated to fulfilling the dreams of children with life-threatening illnesses.

Volunteers are most needed to assist with **special events**. This includes set-up, registration and clean-up. Our events are sporadic and you will be contacted via email when an opportunity arises.

Our **dream activities** are very limited, and volunteers are contacted on an as-needed basis. Some dream-related volunteer opportunities are:

- Toy closet: Volunteers can organize toys for dreamers in this wonderful room.
- Holidays: Volunteers may be called upon to assist with holiday activities.

We occasionally need **administrative help**, which includes filing, answering phones and stuffing envelopes.

Please complete the entire volunteer application form including the Volunteer Consent and Release and Background Check. Incomplete forms will not be processed. Once we have your form processed and on file, we will be able to contact you for volunteering opportunities with Dreams Come True based on the interests you select on the application form. Dreams Come True greatly appreciates the support of our community, and volunteering provides an opportunity to meet and work with other wonderful volunteers. Thank you again for your interest in becoming a part of our "dream team!"

Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

Date of Birth: _____

Employer: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____

VOLUNTEER OPPORTUNITIES:

Please check area(s) of interest or expertise:

- Special Events
- Dream Activities
- Office / Administrative Help
- My personal areas of expertise: _____

May we contact you if a need arises for your area of expertise? _____

Specific days and times you are available? _____

How did you learn about Dreams Come True? _____

VOLUNTEER WORK:

Please list your previous volunteer work: _____

Please list your current community activities (clubs, religious, fraternal and civic organizations):

REFERENCES:

Please list name, complete address, zip code and telephone of three references, over the age of 21 and not a family member.

	NAME	ADDRESS/ZIP	PHONE
1.	_____		
2.	_____		
3.	_____		

Volunteer Confidentiality

I understand that in my association with Dreams Come True, I may from time to time learn of or be exposed to certain sensitive or confidential information. This may include, but not limited to identities of prospective and existing dreamers, their illnesses and other background information, as well as the identities of sponsors, general donors and budgetary and administrative information about Dreams Come True of Jacksonville, Inc., or its programs.

To avoid embarrassment and to foster the orderly administration of the Dreams Come True programs, I agree not to disclose any information learned by me in my association with Dreams Come True to anyone else, except for my general impressions of the Dreams Come True concept and programs.

I agree to refer any specific and intimate inquiries about Dreams Come True of Jacksonville, Inc., its programs, participants, sponsors or donors to the Chairman of the Board of Directors of Dreams Come True of Jacksonville, Inc. or its Executive Director for response.

Name _____ Date _____

Signature _____

BACKGROUND INVESTIGATION

All applicants with Dreams Come True are subject to a background investigation by the Jacksonville Sheriff's Office and/or other law enforcement agencies. State and county statutes require all persons working with children to undergo this background check. Applicants are evaluated on the merits of their qualifications for positions available regardless of gender, national origin, age, handicap, religious affiliation, marital status, or status as a veteran.

PLEASE COMPLETE ALL FIELDS:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____

Driver's License Number: _____ State of Issue: _____

IF YOU HAVE BEEN A RESIDENT OF FLORIDA FOR LESS THAN 7 YEARS, PLEASE GIVE THE FOLLOWING INFORMATION:

Previous Address: _____

City: _____ State: _____ Zip: _____

Number of Years at this Address: _____

OTHER NAME(S) BY WHICH YOU ARE KNOWN, OR HAVE BEEN KNOWN:

Signature: _____ Date: _____

To avoid delay in processing your application, please be sure complete information is provided.

Please return this form via mail, fax or e-mail to:
Dreams Come True
6803 Southpoint Parkway, Jacksonville, Florida 32216
Phone: 904.296.3030 Fax: 904.296.4244
E-mail: andrea@dreamscometrue.org