

Courses, Jobs or Experience related to children with special needs and/or at risk youth:

References:

Three letters of reference are required for full time employees/volunteers. Two must be of a professional or educational nature, and one may be personal (no relatives). Completed references must be sent directly to Foundation for Dreams office or emailed to kcasella@foundationfordreams.org.

Accident/Medical Insurance:

Name of Company _____ **Group Number** _____

ADDITIONAL INFORMATION:

(In answering, include offenses or charges to which a guilty or nolo contendere plea was entered or, if convicted, a sentence of probation was imposed.)

Have you ever committed, been convicted of, a violation of the law or forfeited collateral, other than a non-moving traffic violation, such as a parking ticket.

Yes **No**

Are you now under charges for any offense against the law?

Yes **No**

If you answer "YES" to any of the above questions, please explain: _____

FOUNDATION FOR DREAMS, INC. STATEMENT OF POLICY

Foundation for Dreams, Inc. is an Equal Opportunity/Affirmative Action employer. As such Foundation for Dreams, Inc. pledges to take the necessary action to preclude discrimination in recruiting, employment, training, disciplining, and /or terminating of employees because of race, color, creed, age, sex, national origin, handicap status, veteran status or other reason in accordance with all applicable state and federal statutes, executive orders and regulations which prohibit discriminatory personnel practices.

CERTIFICATION OF APPLICANT

I certify that the information given on this application and in any other supporting documentation, resume, etc., is true and correct. I understand that any false information; willful or negligent misrepresentation; or failure to disclose any requested information will constitute sufficient grounds for Foundation for Dreams, Inc. to terminate my employment without notice. I further understand that Foundation for Dreams, Inc. may perform a pre-employment investigation to determine my suitability for employment and I authorize Foundation for Dreams, Inc. to secure the information necessary to make a decision. I hereby release from liability any and all individuals and organizations that provide information to Foundation for Dreams, Inc. concerning my professional competence, ethics, character and other qualifications and authorize my prior employers to release any requested information from my personnel files. I further understand that Foundation for Dreams, Inc. will adhere to applicable state and federal statutes concerning the securing of information, handling, utilization and release of information obtained in the pre-employment investigation. I acknowledge by my signature that I have read and understand these statements.

SIGNATURE

DATE

Parent/Guardian Authorization for CIT volunteers under the age of 18:

I/we hereby give permission for _____ to be employed and/or volunteer for the Foundation for Dreams, Inc. and Dream Oaks Camp.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

PRINTED NAME OF PARENT/GUARDIAN: _____

Please mail completed application to:
Foundation for Dreams, Inc
16110 Dream Oaks Place
Bradenton, Florida 34212