



Foundation for Dreams, Inc.  
Dream Oaks Camp  
7359 Merchant Court  
Sarasota, FL 34240  
Office: (941) 901-1111  
Fax: (941) 907-1112

## *Volunteer Application*

**Please print or type application:**

**Date of Application:** \_\_\_\_\_ **Area of interest:** \_\_\_\_\_

**Organization/Business** \_\_\_\_\_ **Available Dates** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last name First name Middle Initial

**Social Security Number** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Present Address** \_\_\_\_\_  
Street City, State, Zip Phone (include area code)

**Permanent Address** \_\_\_\_\_  
Street City, State, Zip Phone (include area code)

**Parent/Guardian** \_\_\_\_\_  
Name Address Phone (include area code)

**Emergency Contact** \_\_\_\_\_  
Name Address Phone (include area code)

**Accident/Medical Insurance:**

**Name of Company** \_\_\_\_\_ **Group Number** \_\_\_\_\_  
**Dates of Coverage** \_\_\_\_\_

**Optional Information:**

**Age** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Physical health or concerns:** \_\_\_\_\_

**ADDITIONAL INFORMATION:**

In answering the following questions, 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: The fact that you are awaiting trial or have a record of conviction will not necessarily bar you from volunteering.

**Educational History**

Name of High School \_\_\_\_\_ Location \_\_\_\_\_ Grade completed \_\_\_\_\_

Name of College/University \_\_\_\_\_ Location \_\_\_\_\_ Level completed \_\_\_\_\_

Degree: yes or no \_\_\_\_\_ Major: \_\_\_\_\_

Courses related to Special Populations, children, at risk youth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Camping Experience**

Name of Camp \_\_\_\_\_ Location \_\_\_\_\_

Number of Years as a Camper \_\_\_\_\_ Number of Years as Staff \_\_\_\_\_

Describe Benefits of experience: \_\_\_\_\_

**Credentials or Certifications:**

\_\_\_\_\_  
\_\_\_\_\_

Which of the following activities are you qualified to **instruct**?

- Archery  Outdoor/Nature  Music  Horseback   
Arts and Crafts  Swimming  Theatre  Field Games   
Canoeing  Fishing  Skits

Experience with assisting with activities of daily living:

- Lifting and transferring  Feeding  Dressing  Supervision   
Special Olympics  Babysitting  Nursing Home  Caring for family member

Skill Chart (please check all that apply)

- | Camping  | Sports/Games                           | Crafts                               |
|--|--|--------------------------------------|
| <input type="checkbox"/> Fire building               | <input type="checkbox"/> Tennis        | <input type="checkbox"/> Camp Crafts |
| <input type="checkbox"/> Hiking                      | <input type="checkbox"/> Basketball    | <input type="checkbox"/> Clay        |
| <input type="checkbox"/> Tent Camping                | <input type="checkbox"/> Swimming      | <input type="checkbox"/> Nature      |
| <input type="checkbox"/> Outdoor Cooking             | <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Leather     |
| <input type="checkbox"/> Indian Lore                 | <input type="checkbox"/> Archery       | <input type="checkbox"/> Painting    |
|  | <input type="checkbox"/> Skits         | <input type="checkbox"/> Sketching   |
| Music  | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Carving     |
| <input type="checkbox"/> Singing                     | <input type="checkbox"/> Magic         | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Musical Instrument<br>----- | <input type="checkbox"/> Puppets       |                                      |

**EMPLOYMENT HISTORY: (List your most recent employment or volunteer experience)**

Name of Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe position and experience \_\_\_\_\_  
\_\_\_\_\_  
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Name of Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe position and experience \_\_\_\_\_  
\_\_\_\_\_  
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Name of Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Describe position and experience \_\_\_\_\_

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*References*

**NOTE: ALL VOLUNTEERS WHO WORK WITH CAMPERS, WILL BE REQUIRED TO COMPLETE A NATIONAL BACKGROUND CHECK AND PROVIDE FOUNDATION FOR DREAMS WITH 3 LETTERS OF REFERENCE. 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. UPON CLEARANCE OF BACKGROUND CHECKS AND REFERENCE CHECKS, THEN THE VOLUNTEER WILL BE PERMITTED TO JOIN US.**

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Name	Company or School	Relationship

**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 VOLUNTEERS 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 involvement without notice. I further understand that Foundation for Dreams, Inc. may perform a background and reference check to determine my suitability for volunteering 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 or references 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 background and reference investigation. I acknowledge by my signature that I have read and understand these statements.

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE

**Parent/Guardian Authorization for applicants 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