



Foundation for Dreams, Inc.
Dream Oaks Camp
16110 Dream Oaks Place
Bradenton, FL 34212
Office: (941) 746-5659
Fax: (941) 745-1409

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 <input type="checkbox"/> | Outdoor/Nature <input type="checkbox"/> | Music <input type="checkbox"/> | Horseback <input type="checkbox"/> |
| Arts and Crafts <input type="checkbox"/> | Swimming <input type="checkbox"/> | Theatre <input type="checkbox"/> | Field Games <input type="checkbox"/> |
| Canoeing <input type="checkbox"/> | Fishing <input type="checkbox"/> | Skits <input type="checkbox"/> | |

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	<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 _____

Name of Employer _____ Dates of Employment _____

Address _____ Supervisor _____

Describe position and experience _____

Name of Employer _____ Dates of Employment _____

Address _____ Supervisor _____

Describe position and experience _____

References

NOTE: ANY VOLUNTEER JOINING US FOR LONG TERM INVOLVEMENT (MORE THAN 3 hours, 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 ON A REGULAR BASIS.

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

Name

Company or School

Relationship

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