

**Dreams to Reality (DTR) - Volunteer Application
(Complete and Return to Dreams To Reality)**

Today's Date: _____

Name: _____

Home Address: _____

City: _____ Zip: _____

Email Address: _____

Home phone: _____ **Cell phone:** _____

If applicable Work phone: _____ Place of Employment: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone Contact: home: _____ work: _____ cell: _____

How did you hear about DTR Volunteer Program?

____ Current/past volunteer ____ Friend ____ Board Member ____ Volunteer Bureau
____ Media/Advertisement ____ DTR Event Other (explain) _____

Employment and Volunteer History

Current or last Employer: _____

Position: _____ Dates: From _____ To _____

Address: _____ Phone: _____

Duties: _____

Current or last Volunteer Organization: _____

Position: _____ Dates: From _____ To _____

Address: _____ Phone: _____

Duties: _____

Skills and Interest

Highest Level of Education _____

Skills: _____

Interests: _____

With the many terrific volunteer opportunities in JC, what specifically draws you to Dreams To Reality?

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

Please refer to the DTR boutique hours of operation in your packet. What day/time would you be available to volunteer_____. Are you available to work on the same day each week or month? If so specify_____. Are you available to volunteer on a floating/as needed basis? Yes_____ No_____

References

Names of three persons (not relatives) having knowledge of your character, experience, ability.

NAME/TITLE	ORGANIZATION (how reference knows you)	PHONE

UNDERSTANDING AND AUTHORIZATION

I certify that all the answers on this application are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I understand that the information that I have provided may be verified and I give permission for Dreams to Reality to make inquiries which may include a criminal background check and/or inquiries concerning my suitability to act as a DTR volunteer.

I specifically authorize the organization to investigate all statements in this application. I authorize employers and references listed above to give the organization any and all information concerning my education, employment and fitness to work with Dreams To Reality.

I further agree to release and hold harmless Dreams To Reality from all liability and any damage that may result as a representative of Dreams To Reality, on or off premises.

I acknowledge that Dreams To Reality does not provide workers' compensation for volunteers who work on the premises of the Boutique, at an event, or as a volunteer in any capacity for the organization.

I grant Dreams To Reality to use my likeness in social media, voice and words in television, radio, film or in any form to promote the activities of Dreams To Reality.

I affirm that I have read the above and I am at least 18 years of age or older.

Signature
Print Name _____ Date: _____