

Local Volunteer Application

Personal information

First name: _____

Last name: _____

Date of birth: ____/____/____ (dd/mm/yyyy)

Sex: M F

Address: _____

E-mail address: _____

Phone number: _____

Date of application: ____/____/____ (dd/mm/yyyy)

Emergency contact

First name: _____

Last name: _____

E-mail address: _____

Phone number: _____

Relationship: _____

Availability

Monday		Tuesday		Wednesday		Thursday		Friday	
Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon	Morning	Afternoon

Interest in DREAM

How did you find out about DREAM?

What are your areas of interest? *(select all that apply)*

- Literacy
- Early childhood education
- Youth development
- Music
- Documentation
- Other: _____

What are your goals for your time with DREAM?

Licenses/certificates

Are you a teacher? Yes No

If yes, what subject(s) and grade level(s)? _____

Do you have other certificates or licenses? Yes No

If yes, which ones?

Education

School: _____

Location: _____

Graduate date: ____/____/____ (mm/yyyy)

Job history

Name of employer: _____

Location: _____

Phone number: _____

Can we contact? Yes No

Position: _____

Employment dates: ____/____/____ (dd/mm/yyyy) - ____/____/____ (dd/mm/yyyy)

Reason for termination: _____

Job description:

_____**Volunteer experience**Have you been a volunteer previously? Yes NoIf yes, please explain:

_____**References***Personal reference (not family)*

First name: _____

Last name: _____

Address: _____

E-mail address: _____

Phone number: _____

Professional reference

First name: _____

Last name: _____

Address: _____

E-mail address: _____

Phone number: _____

LegalHave you ever been convicted of or have you plead guilty to a criminal offense (felony or misdemeanor)? Yes No

If yes, please explain:

Is litigation pending? Yes No

As a volunteer with the DREAM Project, I agree to approach my responsibilities with professionalism. I agree to dress and behave as appropriate to work in a school setting. This includes acting as a role model for students, establishing appropriate relationships with students, both in and outside of the classroom, and using appropriate language. The above information is true and complete to the best of my knowledge. If I am accepted by the DREAM Project, any falsehood, false testimony or omission contained in this document will be taken into account for dismissal.

First name

Last name

___/___/____ (dd/mm/yyyy)
Date

Signature

The DREAM Project does not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

For official office use:

Interview date: ___/___/____ (dd/mm/yyyy)

- Copy of ID or passport
 - Letter of good conduct (*you cannot work alone with students until this is received*)
 - Copy of medical insurance (*if acquired*)
 - Read DREAM policies and protocols
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