

**2010-2011 Volunteer Program (August 23, 2010 - May 27, 2011)**

Please include a \$40 application fee along with your three letters of recommendation and send to The DREAM Project, PO Box 4136, Ithaca, NY 14852. Applications must be postmarked by March 1, 2010. There will be an additional \$30 fee for bounced checks. Applications will be returned if not completed in full!

**First Name**  **Birthday**   
**Last Name**

Permanent Address:

**Street**   
**City**   
**State/Province**  **Zip Code**   
**Country**

**Email**   
**Phone 1**  **Phone 2**

**Nationality**   
**SS/Government ID #**

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**Please list any dates that you will not be available from August 23, 2010 to May 27, 2011 and explain why.**

**Dates Unavailable**

Please understand that volunteer positions are full-time and volunteers will be expected to work 40 hours a week. Any time off other than given holidays will require advance notification and authorization.

## Job Preferences

**Please check or rate the areas in which you have an interest.**

<input type="checkbox"/> Computers	<input type="checkbox"/> Preschool
<input type="checkbox"/> English as a Second Language	<input type="checkbox"/> K-2
<input type="checkbox"/> Athletics	<input type="checkbox"/> 3-5
<input type="checkbox"/> Music	<input type="checkbox"/> 6-8
<input type="checkbox"/> Art	<input type="checkbox"/> Other:

**Areas in which you do not want to participate:**

**Placement Preference:**

<input type="checkbox"/> Cabarete
<input type="checkbox"/> Batey Caraballo
<input type="checkbox"/> Sabaneta
<input type="checkbox"/> Abreu

Please refer to website for programs in these communities.

## Education

**High School**

**High School Address**

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**Graduated?**  Yes  No

**Awards & Honors**

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**College/University**

**College Address**

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**Graduated?**  Yes  No

**College Awards & Honors**

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**College Major/Minor/Specialized Coursework**

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**Graduate School**

**Graduate School Address**

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**Graduated?**  Yes  No

**Graduate Awards & Honors**

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**Graduate Major/Minor/Specialized Coursework**

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### **Licenses/Certifications**

**Please list job-related licenses or certificates such as nursing, CPR, and skilled trades. If you are or will be a certified teacher, please note which subject and grade level.**

### **Spanish Language Proficiency**

**Is Spanish your first language?**     Yes     No

**If not, what is your Spanish proficiency level in the following areas?  
(1 = poor, 2 = basic, 3 = good, 4 = excellent)**

**Reading**     1     2     3     4

**Writing**     1     2     3     4

**Speaking**     1     2     3     4

**Comprehension**     1     2     3     4

**En español, favor explicar como es que llego a aprender la lengua española. ¿Cómo fue esta experiencia de aprender?**

**Experience**

**Please list all volunteer experience/services and relative work history.**

**Please list any additional skills, trainings and experiences, which would further qualify you for the position.**

**How did you hear about DREAM Project?**

**Have you ever been convicted of or plead guilty to a criminal offense (felony or misdemeanor)?**

Yes  No

**If so, please explain. Is Litigation Pending?**

## Essay Questions

Please attach 1-2 page responses.

- 1) Why do you want to volunteer with DREAM? (Please include how these reasons are related to your past experiences and life goals.)
- 2) What specific skills/life experiences do you believe you can offer the children DREAM reaches?
- 3) Please give a specific example of a significant experience that illustrates your ability to work independently and adapt to difficult or challenging circumstances.

### ***For certified teachers only:***

- 4) DREAM advocates for child-centered learning that is fun. We look for learning games that keep students excited and engaged, but also teach them basic skills. Please include a lesson plan for a 50 minute class of your choice (reading, writing, math, English).

## References

Please include with this application three letters of recommendation from people who have known you for at least one year, including one from a past employer or professor. The application will not be reviewed unless all three letters are included. In the event that you are unable to acquire three letters of recommendation, please list why and include three English-speaking references below that we can contact instead.

### **Reference Name 1**

### **Relationship to You**

### **Contact Information**

### **Reference Name 2**

### **Relationship to You**

### **Contact Information**

### **Reference Name 3**

### **Relationship to You**

### **Contact Information**

The above information is true and complete to the best of my knowledge. If accepted by DREAM Project, any misrepresentation, false statements, or omissions contained herein will be considered cause for dismissal.

The DREAM Project has my permission to obtain all necessary information from the references I have listed, or any other source, concerning my prior employment or personal history and release all parties from possible damages resulting from disclosing such information with or without prior written notice by me.

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

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**Printed Name**

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**Signed Name**

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**Date**

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### **Office Use Only**

**Notes:**