



Dream Center: 16 West Morgan Avenue • Evansville, IN 47710

812.401.5558 • www.dreamcenterevansville.org

Dream Center Volunteer Application

NAME:	MIDDLE:	LAST:
ALIAS OR FORMER NAME:		
DATE OF BIRTH:	AGE:	SEX:
CURRENT ADDRESS:		
CITY:	STATE:	ZIP CODE:
SOCIAL SECURITY NUMBER:		
EMAIL ADDRESS:		PHONE:

EMERGENCY CONTACT		
HOSPITAL PREFERENCE		
PHYSICIAN'S NAME:	PHYSICIAN'S PHONE:	
MEDICATION YOU TAKE:		
MEDICAL PROBLEMS:		
EMERGENCY CONTACT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
RELATIONSHIP:		

MEDICAL CONSENT
<p>I authorize all medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for me and waive my right to informed consent of treatment. This waiver applies only in the event that neither emergency contacts can be reached in the case of an emergency.</p> <p>INITIAL HERE FOR CONSENT: _____</p>

The Dream Center will conduct background investigations for all applicants being considered for employment or volunteer work. Background investigations include as applicable: criminal background, reference checks, and a review of the past 3 years of your driving record. Failure to receive satisfactory reports from the investigations and/or refusal to submit to the investigations will be cause for disqualification. My signature below authorizes the Dream Center to conduct a complete background investigation. I authorize the agencies contacted by the Dream center to provide the information requested and I release them from liability for any information that they may provide. I understand that any authorization to volunteer is contingent upon receipt of satisfactory reports and background investigation.

Signature:	Date:
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Please explain your motivation for volunteering:

Please prioritize your top 3 reasons for wanting to volunteer, with #1 being most important:

___ Community involvement ___ Socialization ___ Retired ___ School Requirement
___ Former DC Student ___ Networking ___ Experience ___ Career exploration

Why did you choose the Dream Center for your volunteer service?

How did you hear about our volunteer program?

Community Event School Newspaper Internet Other: _____

Length of time you are willing to commit to volunteering:

Less than 6 months 6 months to a year 1 to 2 years 2 + years

Availability:

During which hours are you available for volunteer assignments? Please mark all that apply:

___	WEEKDAY AFTERNOONS
___	WEEKDAY EVENINGS
___	WEEKEND MORNINGS
___	WEEKEND AFTERNOONS
___	WEEKEND EVENINGS

Interest/Skills: (please indicate all that apply)

Volunteer Opportunities	___ Receptionist/Attendance ___ Homework Assistance ___ Cooking Team ___ Driving/School Pick-Up ___ Small Group Leader ___ Sports/Games/Crafts
Additional Skills or Comments	

Fun Facts:

Favorite Color: _____ Favorite Candy Bar: _____

Personal References:

Name	Title/Position	Phone Number

Work Experience:

Are you currently employed ___ Yes ___ No

If yes, name of employer _____ Position/Title _____

If no, please tell us about your last position held:

Name of Business _____ Position/Title _____

Reason for leaving _____

Are you currently looking for a job ___ Yes ___ No

Education: Please circle all that apply:

Current Student: yes / no Attend or Graduate - High School: yes / no Attend or Graduate - College: yes / no

Name of High School Attended: _____ Name of University: _____

Major: _____

Have you ever been convicted of, admitted committing, or are you awaiting trial for any of the following or similar crimes: YES _____ NO _____	
*Sexual conduct, abuse, exploitation or molestation of a minor *Commercial sexual exploitation of a minor *Contributing to the delinquency of a minor *crime against children *Larceny, burglary, robbery *Manslaughter, murder *Incest *Kidnapping *Arson *Assault or aggravated assault *Domestic violence * Crimes involving weapons * Felony or misdemeanor offenses involving the possession, sale, distribution, transportation or use of marijuana, dangerous drugs or alcohol	
Have you been arrested for any crime within the past 3 years?	YES _____ NO _____
I authorize the Dream Center, and any agency they may contact, to conduct a complete criminal background investigation. I also release such agencies from liability for any information that they may provide.	
Signature: _____	Date: _____

Completed applications can be returned by emailing them to hinen@dreamcenterevansville.org, by dropping it off or mailing it to the address listed above.