

DREAM PROGRAM VOLUNTEER APPLICATION

Date: _____

Name _____

Last

First

Middle Initial

Birthdate _____ Age _____

Address _____

Street

City

Zip code

CONTACT INFORMATION

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Best time to contact: _____ email _____

TRAINING AND BACKGROUND

1) Place of Employment _____ Position _____

2) Do you have previous volunteer experience? If so, please describe (#of years, position, etc.)

3) What talents, skills, and interests can you share to benefit the DREAM program?

WORKING WITH DREAM PROGRAM

4) How did you learn about the DREAM program?

5) Areas of interest (circle all that apply) Aquatics/ Crafts/Sports/ Day Trips/ Cultural Arts/ Golf/ Fitness/ Outdoor Adventure Other: _____

6) Have you ever played sports? _____ What kind? _____

REFERENCES AND CONTACTS

7) Please list two non-family member references that we can contact:

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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8) In case of emergency, please contact

<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
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9) Please list any other information that you feel is pertinent about yourself or your volunteer experience. _____

If you have any questions or concerns please contact Troy Trigg 228-327-5687

Mail to: DREAM PROGRAM P.O. Box 2040 Gautier, MS 39553

Office use: _____thanku_____references_____registration_____maillist