

VOLUNTEER APPLICATION DARE TO DREAM CHILDREN'S FOUNDATION

___ Applicant Interviewed
___ Faxed for Police Ck DC ___ TYC
___ Approved _____ (Date)
___ Attended Training
___ Declined _____ (Date)
___ Administrative Fee \$35
___ Copy of Driver's License

Please complete and return to 6310 LBJ Freeway, Suite 111, Dallas, Tx. 75240. Having carefully considered the opportunity and responsibility involved, *I hereby offer my services* to the Dare to Dream Children's Foundation with Dallas County Juvenile Department and Texas Youth Commission, under the covering of Dare to Dream Children's Foundation as a volunteer.

I understand that this is a ministry, and I will be requested to attend an Interview Session at Dare to Dream, and two training sessions. We are a 501© 3 nonprofit faith-based ministry. (You will be contacted within 2 weeks when approved.)

Date _____ How I found out about Dare to Dream _____

Mr. ___ Mrs. ___ Ms. _____

Birth date _____ First Middle Last Maiden Name

Place _____ Number of years lived in Dallas _____

SS# _____ DL# _____ State _____ Race _____ Gender M ___ F ___

Provide copy of Drivers License

Home Address _____ City State Zip

Home Phone _____ **Work Phone** _____ **Cell** _____

(Area code)

(Area code)

E-mail Address _____ Fax No _____

(Area code)

Employer _____

Address _____

Street

City

State

Zip

Job Title _____

Are you ___ Married ___ Single ___ Widowed ___ Divorced ___ Separated

Please include names and ages of children including adults

Areas of Expertise: ___ Youth, ___ Office Administration, ___ Fund Raising, ___ Grant Writing, ___ Marketing, ___ Volunteer Coordination, ___ Hospitality, ___ Computer skills ___ Web skills, Other: _____

Available ___ Days, ___ Evenings, ___ Weekends Hours Available _____

Name of Church you are attending: _____

Education:

High School: Last Grade Completed _____

GED - if yes, give date _____

Name of College, University, Trade School: _____

Degree(s) _____ or # of years completed _____

Have you ever been arrested? Yes _____ No _____

If yes, please explain nature of the offense _____

IMPORTANT - PLEASE LIST 2 LOCAL REFERENCES whom have known you at least one year.

1. Business/Professional:

Name	Phone	
Address	City/State	Zip
Employer	Occupation	
Relationship	Years Known	

2. Personal:

Name (local contact please)	Phone	
	City/State	Zip
Employer	Occupation	
Relationship	Years Known	

Are you now or have you ever sought help, counseling or treatment for any type of nervous or emotional condition? _____ YES _____ NO

If yes, please explain:

I do hereby give permission to the Dallas County Juvenile Department and Texas Youth Commission to investigate my background and character. I understand and agree that my application will be reviewed and a criminal records check will be made on a local, state, and national level. I understand that any false information on my application may be cause for dismissal from the **“Mentoring Through Volunteers Program.”**

I understand that the following must be successfully completed before I can be considered as a volunteer with the Dare to Dream Foundation and with the Dallas County Juvenile Department and Texas Youth Commission.

1. Interview at Dare to Dream
2. Reference checks
3. Criminal records check
4. Paid Administrative Fee

I also understand that this information will be kept in the strictest confidence and only released with my permission. I also will honor all commitments that I make to this organization.

Signature _____ Date _____

PLEASE RETURN TO:

JAN TENNYSON, Executive Director
Dare to Dream Children’s Foundation
6310 LBJ Freeway, Suite 111, Dallas, Tx. 74240
www.daretodream-dallas.org

214-599-9563
Fax 214-599-9226