



## Office Help & Event Volunteer Application

(Please Print Clearly and Complete All Questions)

Date of Application \_\_\_\_\_

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Name \_\_\_\_\_ Position \_\_\_\_\_

Company Address \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ E-mail \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City & State \_\_\_\_\_ Male ( ) Female ( ) T-Shirt Size \_\_\_\_\_

SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

1) How did you learn about Deliver the Dream? ( ) Word of Mouth ( ) E-Mail ( ) Newsletter ( ) DTD event  
 ( ) Other \_\_\_\_\_

2) What is your highest level of education (HS, College)? \_\_\_\_\_ Certificates/Licenses \_\_\_\_\_  
 College & State \_\_\_\_\_ Area(s) of Study \_\_\_\_\_ Degree \_\_\_\_\_

3) What I would like to be considered for the following volunteer categories (you may select more than one):  
 (a) Office Help <Monday Through Friday> Please circle days available: M T W T F  
 (b) As needed assistance including nights/weekends Please circle: evenings weekends  
 (c) Special Events

4) Please list two Personal or Professional References whom we may contact:

a) Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

b) Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

5) Please list two volunteer or work experiences (other than those previously mentioned):

a) Organization \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Employed/Volunteered from \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
 Job or Position Title \_\_\_\_\_

Describe work or volunteer service below:

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b) Organization \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Employed/Volunteered from \_\_\_\_\_ (month) \_\_\_\_\_ (year)  
Job or Position Title \_\_\_\_\_

Describe work or volunteer service below:

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May we contact the above employers or agencies? ( ) Yes ( ) No

- 6) a) Have you ever been charged with or convicted of a felony? ( ) Yes ( ) No
- b) Have you ever been charged with or convicted of any crime involving a sex offense, an assault or the use of a weapon?  
( ) Yes ( ) No
- c) Have you ever been charged with or convicted of any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? ( ) Yes ( ) No
- d) Have you ever been charged with or convicted of reckless driving, operating a motor vehicle while under the influence, or driving to endanger? ( ) Yes ( ) No

If you answered Yes to any of the above four items, please explain. \_\_\_\_\_

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- 7) Deliver the Dream has my permission to run a background check on me (this will include fingerprinting). ( ) Yes ( ) No
- 8) If selected, I give my permission to include my name and/or picture in all Deliver the Dream promotional material, newspapers, TV, radio, brochures, videos, web site, etc. ( ) Yes ( ) No

I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for Deliver the Dream. (Please sign below)

\_\_\_\_\_  
(Your Signature) (Date)

Please complete and return your original application, as soon as possible to:

Deliver the Dream  
3223 NW 10<sup>th</sup> Terrace  
Suite 602  
Fort Lauderdale, FL 33309

Most volunteer opportunities will take place after normal work hours. For those opportunities that take place during normal work hours, associates will need to secure permission from their supervisor before accepting a volunteer assignment.