

# Volunteer Application

(Please Print)

**Name:** \_\_\_\_\_  
First Middle Last

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street

\_\_\_\_\_ City          \_\_\_\_\_ State          \_\_\_\_\_ Zip

**Phone:** \_\_\_\_\_ (Home phone)          \_\_\_\_\_ (Cell phone)

**Date of Birth:** \_\_\_\_\_

*Please check the opportunities that interest you.*

## Mentoring & Tutoring Opportunities:

**Mentor**

*Availability:*

- \_\_\_\_\_ Before School
- \_\_\_\_\_ During School
- \_\_\_\_\_ After school/evenings
- \_\_\_\_\_ Weekends

**Tutor**

*Availability:*

- \_\_\_\_\_ Before School
- \_\_\_\_\_ During School
- \_\_\_\_\_ After school/evenings
- \_\_\_\_\_ Weekends

*Please list the subject(s) and specific field(s) you are interested in tutoring:*

\_\_\_\_\_  
 \_\_\_\_\_

**Program Leader/Mentor**

- \_\_\_\_\_ Day trip
- \_\_\_\_\_ Overnight expedition (1 – 3 Days)
- \_\_\_\_\_ Overnight expedition (3 – 10 Days)

**Van Driver**

- \_\_\_\_\_ Day trip
- \_\_\_\_\_ Overnight expedition (2 – 10 Days)

### Administrative & Fundraising Opportunities:

**Administrative Support**

\_\_\_\_\_ General office assistance: updating  
binder, organizing files and materials.  
\_\_\_\_\_ Data entry

**Fundraising/Event Support**

\_\_\_\_\_ Joining an event committee  
\_\_\_\_\_ Marketing/promoting event  
\_\_\_\_\_ Day of event support  
(set-up, breakdown, etc.)

**I'm interested in learning more about Dreamcatchers governance  
(Board of Directors and committees)**

Please indicate a preferred start and end date for any opportunities selected above:

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### Education:

Please list your educational background (attach additional sheets if necessary):

School	Field of Study	Degree	Graduation Date

### Background and References:

Please list three individuals who know you well and can serve as references. Please ensure that at least one reference has supervised you in an employment/internship/volunteer capacity.

Name	Organization	Position	Phone number
1.			
2.			
3.			



# Volunteer Application

Dreamcatchers is required to conduct a State Bureau of Investigation check on all its volunteers/hired facilitators who work directly with young people.

Do you agree to this process? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? \* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Have you ever been convicted of possession, sale, or use of drugs? \* Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received any traffic violations in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list each incident and the date when it happened:

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\*Please note that a conviction itself is not a bar to volunteering and that the seriousness of the crime and the date of conviction will be considered.

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## Training and Experience:

1. Do you have any medical training (CPR, Wilderness First Responder, Wilderness First Aid, other)?

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2. Briefly describe your personal experience as it relates to your selected volunteer choices. If applicable, please include details of your experience 1) working with young people, 2) leading or participating in outdoor/educational activities and trips, 3) tutoring or teaching, 4) doing administrative, marketing, and/or fundraising work.

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3. If you'd like to mentor and/or tutor, please describe your personal challenges as they relate to your success in working with young people.

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4. Briefly explain why you would like to volunteer for Dreamcatchers.

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***Emergency Contact Information***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

***Photo Release Agreement***

Dreamcatchers frequently uses photographs, videos, and/or digital images of volunteers for appropriate promotional materials. Do you grant Dreamcatchers permission to use photographs, videos, and or digital images of you for this purpose?      Yes \_\_\_\_\_ No \_\_\_\_\_

***Declaration of Intent***

I declare that all the statements made in this application are true, complete, and correct to the best of my knowledge. By my signature on this Volunteer Application, I give permission to Dreamcatchers staff to contact the references provided. Furthermore, I hereby release all such persons/institutions to furnish this information.

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Signature

Date

***Please return this application to:***

Florida Dreamcatchers, Inc.  
P.O. Box 82  
Immokalee, FL 34143  
(239) 238-3094