

## Dream Center of Henry County VOLUNTEER APPLICATION

Dream Center of Henry County relies on the participation of volunteers who support our mission. If you are passionate about our mission and are ready to take the necessary steps to volunteer with us, we encourage you to take Step 1 of the process by completing this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name and Contact #: \_\_\_\_\_

May we contact your current employer for a reference?  Yes  No

Would you be willing to submit to a background check?  Yes  No

If not, please explain: \_\_\_\_\_

Do you have reliable transportation?  Yes  No

Have you done other work at another non-profit or volunteered at a church?  Yes  No

If yes, where and what did you do? \_\_\_\_\_

\_\_\_\_\_

Areas of Interest: \_\_\_\_\_

\_\_\_\_\_

What skills, training, or knowledge do you have that would help the mission of the Dream Center?

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer with the Dream Center of Henry County? \_\_\_\_\_

\_\_\_\_\_

Where did you hear about us?  Website  Social Media  Heard a presentation  
 1st Saturday Serve Days  Other \_\_\_\_\_

When are you available to volunteer?

Time of Day:  Mornings  Afternoons  Evenings  Anytime

Days Available:  Mon  Tues  Wed  Thurs  Fri  Sat

Please include contact information for three professional and character references (at least one of which should be professional):

1.

2.

3.