



4660 S Eastern Ave St 204
Las Vegas, NV 89119
www.dreamsicklekids.org
702-SCD-1723

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings

Interests

Tell us in which areas you are interested in volunteering:

- Administration
- Events
- Field work
- Fundraising
- Deliveries
- Phone bank
- Newsletter production
- Volunteer coordination

Please complete to the best of your ability, and return via email to info@dreamsicklekids.org

Special Skills or Qualifications

Previous Volunteer Experience

Summarize your previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.