



## Dreamz Work Volunteer Program

### Volunteer Application

Welcome to Dreams Work Inc.! One of our goals is to provide a choice of supervised activities for individuals with disabilities. This program would not be possible without the generous participation by volunteers like you. Our organization, and the people we serve, appreciates your interest in becoming a volunteer in our program. To ensure quality programming and to guard against the high incidence in our society of physical, sexual and psychological abuse, all volunteers are required to complete this application. Your permission is also required to allow verification of all information given. Thank you for your cooperation.

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

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

Sponsoring Organization, i.e.: Corporation, School, etc. \_\_\_\_\_

Organization Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived in Oregon \_\_\_\_\_ Other states you have lived in \_\_\_\_\_

1. How did you hear about the Dreamz Work volunteer opportunities? \_\_\_\_\_

2. Why do you want to volunteer for the Dreamz Work Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

3. Do you have experience with individuals or groups with special needs? Adults  Seniors  Children   
Physical Disabilities \_\_\_\_\_ MS \_\_\_\_\_ MD \_\_\_\_\_ Polio \_\_\_\_\_ CP \_\_\_\_\_ T.B.I. \_\_\_\_\_  
Mental Retardation \_\_\_\_\_ Autism \_\_\_\_\_ Seizures \_\_\_\_\_ ADHD/ADD \_\_\_\_\_ Vision Impaired/Blind \_\_\_\_\_  
Hearing Impaired/Deaf \_\_\_\_\_ Learning Disabilities \_\_\_\_\_ Speech/Language \_\_\_\_\_ Alzheimer's/Dementia \_\_\_\_\_  
Emotional Disabilities/Mental Health \_\_\_\_\_ Stroke \_\_\_\_\_ Infectious diseases \_\_\_\_\_  
Other \_\_\_\_\_ Please specify \_\_\_\_\_

4. What type of related experiences have you had? \_\_\_\_\_

\_\_\_\_\_

What volunteer experiences have you had? \_\_\_\_\_

\_\_\_\_\_

5. What activities do you most enjoy? Identify specifics.

- |                                 |                               |                          |
|---------------------------------|-------------------------------|--------------------------|
| Creative Arts/crafts _____      | Aquatics _____                | Meeting New People _____ |
| Trivia _____                    | Outdoor activities _____      | Visiting _____           |
| Music: Sing/Play _____          | Table/board games/cards _____ |                          |
| Home Decoration _____           | Cooking _____                 | Other: _____             |
| Team Sports /Active Games _____ | Bingo _____                   | _____                    |
| Exercising _____                | Collections _____             | _____                    |
| Read/Learn new things _____     | Dance/Drama _____             | _____                    |

6. Do you speak any other languages?  Yes  No  
 Language \_\_\_\_\_  Limited  Fair  Fluent  
 Language \_\_\_\_\_  Limited  Fair  Fluent  
 Sign Language \_\_\_\_\_  Limited  Fair  Fluent
7. Do you have First Aid Training?  Yes  No Expiration date \_\_\_\_\_
- CPR Training?  Yes  No Expiration date \_\_\_\_\_
- Other Training (certificates, etc.) Please List \_\_\_\_\_
- 

**REFERENCES:** Please list **three** references, including a former employer: **YOUTH:** list 1 teacher, counselor, adult friend

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Name Name  
 \_\_\_\_\_  
 Address Address  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell \_\_\_\_\_
3. \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 Phone: \_\_\_\_\_ Cell \_\_\_\_\_
- 

**SPECIAL CONSIDERATIONS**

1. Are there any specific activities you cannot or will not participate in? \_\_\_ Yes \_\_\_ No  
 List: (be specific) \_\_\_\_\_
2. Do you have lifting restrictions? \_\_\_ Yes \_\_\_ No Be specific \_\_\_\_\_
3. Are there days when you cannot volunteer? List (Be specific) \_\_\_\_\_
- 

**GENERAL INFORMATION**

Have you ever been employed or attended school using any other name?  Yes  No

If yes, please explain: \_\_\_\_\_

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Race/Ethnicity (optional)

Asian American \_\_\_\_\_ African American \_\_\_\_\_ Multiple-Racial Heritage \_\_\_\_\_  
 Native American \_\_\_\_\_ Caucasian \_\_\_\_\_  
 Other (specify) \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_

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A Program of Dreamz Work Inc.

## VOLUNTEER RELEASE FORM

**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_  
**Initial** I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of volunteer relationship.

\_\_\_\_\_  
**Initial** I understand that consideration for volunteer positions are contingent on the results of a reference and a criminal history background check. I authorize Dreamz Work Inc. to discuss the results of any investigation with all of their employees and staff who are involved in the volunteer recruitment process.

\_\_\_\_\_  
**Initial** I authorize Dreamz Work Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for volunteering, and further authorize the references I have listed to disclose to Dreamz Work Inc. any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Dreamz Work Inc., Jackson County, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
**Initial** I will abide by the rules and policies of Dreamz Work Inc. I understand that volunteer placement can be terminated at any time, with or without cause, and with or without notice, at the option of Dreamz Work Inc. or myself.

### CONFIDENTIALITY BINDER

Dreamz Work Inc.'s programs recognize and insist that all participants, volunteers and caregivers' rights to confidentiality must be fully protected. Therefore, I hereby agree to keep all medical and personal information regarding program participants and their families or guardians confidential. I will not discuss such information with my family, friends or casual acquaintances or use in written form any identifying information such as name, birth date, distinguishing characteristics or description of the participant.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

### PHOTO RELEASE

I understand that photos or videos may be taken during the program showing participants and volunteers in their usual activities. These photos and videos will be used by Dreamz Work Inc. for promotional and/or educational purposes. I give personal permission for photographs or videos.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

I certify that I am the parent or legal guardian for the applicant (if the applicant is a minor). I certify that all the information in this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
**Signature of Parent or Guardian, if volunteer is a minor**

Release continues on Next Page

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## **VOLUNTEER RELEASE FORM – Page 2**

**RELEASE AND WAIVER:** In the consideration of the permission granted by Dreamz Work Inc. for \_\_\_\_\_ (Activity Volunteer) to participate in activities at various locations, the undersigned hereby releases and waives any and all claims which could be asserted against Dreamz Work Inc., the Rogue Valley YMCA, and their officers, agents and employees (the “Released Parties”) by the volunteer, his/her personal representative, heir(s), on account of injury to or death of the participant, or damage to the property of the participant arising out of the volunteer’s participation in activities at DW Rec Club program and various programs.

### **Youth Volunteer Only Sign offs:**

**Parent or Guardian Authorization for Medical Care and Consent to Agreement:** In case of injury or illness, appropriate staff will contact the parent or legal guardian of \_\_\_\_\_ (Activity Volunteer), and if the parent or legal guardian is unavailable, appropriate staff will contact the emergency medical contact(s) provided for the Volunteer. The undersigned hereby consents and authorizes appropriate staff to take any steps deemed necessary in the event of any medical emergency. The undersigned agrees to be personally responsible for the costs of any emergency transportation and/or medical care deemed reasonably necessary, and waives and releases any claim relating to such care that could be alleged against Dreamz Work Inc. Dreamz Work Inc. shall have the right to refuse or terminate the Volunteer’s participation in the event that such Volunteer shows symptoms of any contagious illness (flu, cold, etc.) at the time of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Legal Guardian signature required, if volunteer is under 18 years of age)

**Print Name:** \_\_\_\_\_

~Dreamz Work Volunteer Program~  
 A Program of Dreamz Work Inc.  
**VOLUNTEER INFORMATION SHEET**

**In case there is an emergency while you are volunteering for DW Rec Club, Dreamz Work Inc. program, please provide the following information. All information provided is confidential.**

NAME:	DATE:
ADDRESS:	PHONE(S):

In case of emergency notify:

<u>NAME</u>	<u>PHONE(S)</u>	<u>RELATIONSHIP</u>
1)		
2)		
3)		

IS THERE ANYTHING OF A MEDICAL OR PERSONAL NATURE WE SHOULD KNOW IN CASE OF AN EMERGENCY?

KNOWN ALLERGIES:

IN CASE OF AN EMERGENCY, IS THERE A HOSPITAL YOU PREFER FOR TREATMENT?

NAME:	LOCATION:	PHONE:
<hr/> Volunteer Signature		<hr/> Date
Parent/Guardian Signature, if minor		Date