



Dear Potential Volunteer:

Thank you for your interest in Deliver the Dream. Without our volunteers our program would not be possible. What ever opportunity you decide to volunteer for, just know you are making a huge difference in the lives of families who have a parent or child with a serious illness or crisis.

There are a few different volunteer opportunities to choose from:

- ☑ **On a Retreat**—Your main responsibility is to be a family pal. Each volunteer will be paired with one family. Your role is to assist that family with any needs they might have during the retreat weekend. You will stay onsite for the entire 3-day weekend.
- ☑ **In the Office**—You can help with office tasks such as stuffing envelopes, making phone calls, filing, putting together retreat packets, etc. You can do some of these things from home too!
- ☑ **At an Event**—You can help with registration, parking, silent auction, raffle, etc. (tasks will vary depending on the event).
- ☑ **Auxillary**—You can assist Deliver the Dream by joining our seasoned professionals group, The Dream Team, in helping to fundraise for the cause or by joining a special event committee to help us with event planning and logistics.

To be eligible to be a volunteer you must first fill out the volunteer application. When it has been completed you can either mail, fax or scan your application to Deliver the Dream. When I receive your application, I will contact you to set up an orientation. After that, I will be in touch with you via email to let you know about the different volunteer opportunities. All of our volunteer opportunities are based on availability. If the volunteer opportunity you are interested in is filled, you will be placed on a waiting list.

Again, thank you for your interest in our program. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Zachary Goldberg".

Zachary Goldberg

Events Coordinator

Zachary.Goldberg@deliverthedream.org

954-564-3512

How did you hear about Deliver the Dream? ()Word of Mouth ()Newsletter ()DTD event ()Other_____

I would like to be considered for the following volunteer opportunities: *(you may select more than one)*

()Retreats – *must be 18 years of age* ()Office ()Event ()Auxiliary

If you selected retreats please fill out the two stated questions below

*Which weekend(s) are you interested in volunteering for:

*What age group do you enjoy working with the most: *(you can circle more than one group)*

Infants (ages 0-1) Tots (ages 2-4) Youth (ages 6-12) Teens (ages 13-18) Adults (18 & older)

Please list any languages that you speak, read and/or write fluently, in addition to English:_____

Have you volunteered for other organizations? ___Yes ___No *(if you checked yes, please continue below)*

Organization Name: _____

Describe volunteer service below:

Organization Name: _____

Describe volunteer service below:

Please describe any work or personal experience you think might be relevant to our program:

Do you have any hobbies or special talents?

Please list 3 references:

Name	Relationship	Time known	Phone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been charged with or convicted of the following: *(please check yes or no)*

- a) Felony? Yes No
- b) Any crime involving a sexual offense, an assault or the use of a weapon? Yes No
- c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes? Yes No
- d) 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. _____

Deliver the Dream has my permission to:

Please check below

Run a background check on me. Yes No

Only needed if volunteering for a retreat. Number is kept in a secure location.

Please provide your social security number: _____

Run a motor vehicle records check on me if I decide to operate a DTD vehicle. Yes No

Verify the 3 references I have provided. Yes No

By signing below, 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.

Your Signature

Date

Release for Publication

Please initial below

During the course of the Deliver the Dream experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny Deliver the Dream, Inc. permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the Deliver the Dream program. By granting permission below, you hereby release and hold harmless Deliver the Dream, Inc. from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ "YES, I grant permission"
Initial

OR

_____ "NO, I deny permission"
Initial

If you are not signing up to volunteer for a retreat please stop filling out the application

Permission to Participate & Release of Claims

I, _____ (*print your name*) hereby give permission to travel to the Deliver the Dream Retreat Weekend Program (hereinafter "the Weekend") as a volunteer in the program. I understand that I will travel by company van or drive my personal vehicle to the Deliver the Dream Retreat Weekend program. I understand that while at "the Weekend", depending on the venue, I may be offered *physical activities* including, but not limited to swimming, boating, arts & crafts, basketball and other outdoor recreational activities. (*Please note activities are subject to change depending upon the venue).

In consideration of participation in "the Weekend", I, for myself, heirs, executors, and administrators, hereby personally, release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against Deliver the Dream, Inc. other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation in Deliver the Dream, including, but not limited to, travel to or from "the Weekend" and injuries which may be suffered before, during, or after "the Weekend". I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for any activities we participate.

Signature

Date

Medical History and Information

All of this information is kept confidential and will only be shared with the medical professional attending the retreat. It is extremely important that you list all current allergies to medication and or foods, along with any over the counter or prescription medications.

Do you have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction: _____

Allergies: _____ Reaction: _____

Allergies: _____ Reaction: _____

Do you have any food restrictions? (*vegetarian, no meat, gluten free, etc.*) YES or NO If yes, please list.

Do you have any health conditions that may limit your participation? YES or NO If yes, please explain.

Due to the high emotional demands of this job, is there anything Deliver the Dream needs to be made aware of to ensure that your experience is a pleasant one? YES or NO If yes, please explain.

Please list all current over the counter and/or prescription medications. _____ Check here for no medications

Medications	Amount	How Often

Physician Information

Please list your primary care physician only

Name Phone Number

Medical Insurance

Name of Company: _____ Phone #: _____

Name of Policy Holder: _____

Member ID: _____ Group #: _____

Emergency Contact

Must be someone not attending the retreat

First & Last Name Relationship Phone Number

Permission to Administer Treatment

Please sign and date below

The information contained in this Medical History Form is correct and complete to the best of my knowledge. I can engage in the Deliver the Dream Retreat Weekend activities with exception to those noted on this form and agree to abide by any restrictions placed on me.

I hereby give permission to Deliver the Dream on-site professional health staff to provide routine health care, administer prescribed medications (if necessary), and seek emergency medical treatment. I agree to the release of any records necessary for insurance purposes. I give permission to Deliver the Dream to arrange necessary health-related transportation for me. If necessary, a copy of this completed form may be used for any trips away from the Deliver the Dream Retreat Weekend facility that may be offered as part of the overall program.

Signature Date

Once your application is completed, please mail or fax it to:
Deliver the Dream · 3223 NW 10th Terrace, Suite 602 · Ft. Lauderdale, FL 33309
Fax: 954.564.4385 Questions: 954.564.3512