

I HAVE A DREAM ASHEVILLE
VOLUNTEER APPLICATION

In order to ensure the safety of our students, and to provide a responsible and professional service, it is necessary for potential volunteers to provide the following information. This information is confidential and used only for the screening and placement of volunteers.

Please complete the application in its entirety, sign, and return the completed to:
Jen Matthews, Project Coordinator
165 South French Broad Ave
Asheville, NC 28801

Name (first, middle, and last):

Gender (circle one): M F Date of Birth: ____/____/____

Social Security # _____

Home Address: _____

City, State ZIP: _____

Home Phone: _____

Pager/Mobile: _____

Email: _____

Best day, time, and/or way to contact you:

Education (circle one):

High School/GED Associate Degree Bachelor Degree Graduate Degree

Employer Name and Job Title:

Work Address: _____

City, State ZIP: _____

Work Phone: _____

Dates of Employment: _____

Please describe:

- Previous experiences you have working with children, particularly those from diverse backgrounds:

- Your interests, skills, and activities that you may want to share with a young person:

- What you hope to gain in volunteering with “I Have a Dream”

How did you hear about "I Have a Dream"?

Have you ever been charged or convicted for any crime? Yes No

Have you ever been the subject of a child abuse investigation? Yes No

Do you commit to upholding the standards for IHAD Volunteers (see previous page)?

Yes No

I certify that the information in this application is correct to the best of my knowledge.

Signature

Date

VOLUNTEER ACTIVITIES

Please check all activities that interest you and indicate what days and time you would like to volunteer where appropriate.

WEEKLY ACTIVITIES:

- After School Tutor (Monday-Thursday between the hours of 2:30-5:30pm)

- Community Service/ Field Trip Chaperone (weekday afternoons between 2:30 – 5:30 pm; also possible weekend activities)

- Providing an enrichment activity to a small group of Dreamers (ie. Pottery, dance lessons, art classes etc) (weekday afternoons between 2:30 – 5:30 pm; also possible weekend activities)

I would like to volunteer....

_____ hour(s) per day x _____ day(s) per week

= a total of _____ hour(s)/week

The best days and times for me are (PLEASE LIST IN ORDER OF PREFERENCE) :

Please direct questions and concerns to:

Jen Matthews (828)-252-2958--office (828)-230-8546--cell pc@ihadasheville.org

Asheville "I Have a Dream" Criminal History Consent Form

I hereby authorize the Asheville "I Have a Dream" Foundation to receive any North Carolina criminal history record information pertaining to me that may be in the files of any state or any local criminal justice agency in North Carolina.

Full Name _____

Address _____

Sex _____ Race _____ Date of Birth _____

SSN: _____

Signature _____

Date _____

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my volunteer service with this agency.