



Today's Date: _____

Have Dreams Social Buddy Application

(Have Dreams does not offer any court ordered/legal Community Service opportunities)

You must be 12-17 years of age to be a Have Dreams Social Buddy

Personal Information:

Name: _____ Birth Date: _____

Location interested in: Evanston _____ Park Ridge _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Parent/ Guardian Name(s): _____

Emergency Phone Number: _____

Email: 1. _____ Email: 2. _____

School: Please write the school you attend and which grade.

Elementary: _____ Middle School: _____ High School: _____

How did you hear about Have Dreams? _____

Why do you want to volunteer at Have Dreams?

Are you looking to receive hours/credit for this volunteer experience? (yes/no) _____

If yes, how many hours? _____

Date/time frame of when you have to complete these hours? _____

There is limited space and opportunities to volunteer directly in our after school programs. If you are interested in volunteering in other areas, please indicate accordingly.

Check the box (es) in all of the areas you are interested in volunteering at Have Dreams:

<input type="checkbox"/>	DIRECTLY IN PROGRAMS
<input type="checkbox"/>	PROGRAM PREPARATION
<input type="checkbox"/>	FUNDRAISING/SPECIAL EVENTS (GENERAL)

Providing exemplary autism services since 1996

515 Busse Highway | Park Ridge, Illinois 60068 | Tel: 847.685.0250 | Fax: 847.685.0257

2020 Dempster | Evanston, Illinois 60202 | Tel: 847.905.0702

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Please circle the days you are available to volunteer:

Mon Tue Wed Thurs Fri Sat

Do you have any experience working with people who have autism? If so, please explain.

Volunteer Informed Consent:

If accepted as a volunteer, I agree to comply with and be bound by all of the personal policies and volunteer requirements of Have Dreams. Have Dreams volunteers are required to make a 10-12 week commitment to a program that has been chosen.

Program Policy: **No cell phone use/texting during programs.**

You are not allowed to take any pictures or videos of any student/participant at Have Dreams. You are not allowed to post any pictures to social media or any internet sites.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Thank you for your interest in being a Social Buddy! After receiving your application, we will contact you to discuss your interest further.