



Today's Date: \_\_\_\_\_

## Have Dreams Social Buddy Application

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

WE ROTATE VOLUNTEERS EACH QUARTER TO ACCOMMODATE OUR LONG WAIT-LIST.

YOUR END DATE WILL BE THE LAST SESSION OF THE CURRENT QUARTER.

*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

Providing exemplary autism services since 1996

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FUNDRAISING/SPECIAL EVENTS (GENERAL)

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.

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