



Have Dreams Volunteer Application

(18 years old and above)

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

Date of Application: _____

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

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

Personal Information:

Name: _____ Birth Date: _____

Location interested in: Evanston _____ Park Ridge _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: 1. _____ Email: 2. _____

Emergency Contact: _____

Education: College/University Name: _____

Degree/Major: _____ Yr: _____

Employer:	Position and Responsibilities:	Dates:
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How did you hear about Have Dreams?

Why do you want to volunteer at Have Dreams?

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

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

If yes, how many hours and please explain? _____

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

How did you hear about Have Dreams? _____

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
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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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	FUNDRAISING/SPECIAL EVENTS (GENERAL)		HAVE DREAMS GALA EVENT

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.

Please indicate skills, strengths, training, or interests that may be helpful in your volunteer work:

Questionnaire:

Have you ever been charged with, or found guilty of committing an act of physical, sexual or any type of child abuse?

Y N

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Y N

If yes to any question above, please describe - state nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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.

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Signature of Applicant: _____ Date: _____

Thank you for your interest in volunteering! After receiving your application, we will contact you to discuss your interest further.

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