



## Children's Dream Fund Volunteer Application

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Business Name: \_\_\_\_\_ Title: \_\_\_\_\_

Preferred address:        **Home**                          **Business**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**I am interested in volunteering for the following:**

- Events:**    \_\_\_ Golf Tournaments      \_\_\_ Fishing Tournaments      \_\_\_ Fashion Show  
                   \_\_\_ Sports Auction/Gala      \_\_\_ Parades                      \_\_\_ Other
- Office work:** Special interests and skills (typing, computer, public speaking, mailings, etc.)
- Add me to your newsletter mailing list**

The best time for me to volunteer – please specify days and times: \_\_\_\_\_

Other organizations for whom you volunteer: \_\_\_\_\_

Community Affiliations (Social/Civic): \_\_\_\_\_

I agree to keep confidential all information about The Children's Dream Fund's donors, dream recipients and their families. I also agree to keep confidential any personal or financial information about the Children's Dream Fund to which I may be exposed as a result of my work as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to: Kathy Scott, Children's Dream Fund, 1700 Dr. MLK Jr. St. N., Ste C, St. Petersburg, FL 33704, or Fax to 727.896.6380*



**PO BOX 1881 - ST PETERSBURG, FL 33731 - TEL 727.896.6390 - FAX 727.896.6380 - INFO@CHILDRENSDREAMFUND.ORG**

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

REGISTRATION #CH1278