## KJ Dream Foundation, Inc.

## **VOLUNTEER APPLICATION**

KJ Dream Foundation, Inc. is a nonprofit organization impacting the lives of at-risk grade school and college students. We also conduct mentoring sessions and speak at Graduations, Schools, Corporations and more.

## Please complete this form and return:

Mailing address: PO Box 1756, Mount Pleasant, Tx 75456-1756; or Fax: 1-877-415-3699; or Email address: kjdreamfoundation@gmail.com.

Having carefully considered the opportunity and responsibility involved, *I hereby offer my services as a volunteer* to KJ Dream Foundation, Inc. collaborating with local community organizations, volunteers, and other facilities as directed.

I will be requested to have a personal interview at KJ Dream Foundation, Inc. and attend training sessions as directed. Once all the boxers are checked above, you will be contacted.

How I found out about KJ Dream	Foundation, Inc.:	
Name:	Birth Date:	
Address:		
City:	Zip Code:	
Cell Phone:	(Other i.e work, home):	
May I leave a message?		
E-mail Address:		
In case of emergency, contact:		
Phone Number:	Relationship	
Volunteer Expertise:		
Please describe what volunteer wo	rk that best suits you (if any):	

Your current employer:	
Employer:	
Work phone:	
Employer Address:	
Occupation:	
Length of time with this employer:	
Please indicate any restrictions on calls:	
Please list two local references and their telephone numbers, that you've knyear:	nown more than one
I do hereby give permission to KJ Dream Foundation, Inc. and the Mount Pleas other fingerprinting firm to investigate my background and character. I understa application will be reviewed, and a criminal records check will be made on a lo level. I understand that any false information on my application will be cause for Dream Foundation Volunteer Programs.	and and agree that my cal, state, and national
I understand that the following must be completed before I can be considered as Submit a KJ Dream Foundation, Inc. volunteer application, complete fingerprin fingerprinting firm, and submit a current copy of my valid driver's license or id	nting by an approved
I also understand that this information will be kept in the strictest confidence an permission. I also will honor all commitments that I make to this organization.	nd only released with my
Signature: Date:	
Please complete this form and return:	
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Fax: 1-877-415-3699	

 $\textbf{Email address:} \ kjdream foundation @gmail.com.$