



## The Harvey Martin Dream Foundation

### Volunteer Form

Our Foundation encourages the participation of volunteers who are dedicated in our quest of making a student's dream come true.

If you agree with our mission and are willing to complete the application process, a background check, be interviewed and follow training procedures, you are encouraged to complete this form. The information on this form will be kept confidential and will help us find the most qualified individual for the position. We have volunteer opportunities in many areas which would be rewarding to you and those you help.

Thank you for your interest in our Journey To A New World Of Hope.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

List any special talents and/or skills you have that you feel would benefit our organization.

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Please indicate days available: Mon Tue Wed Thur Fri Sat

Times available: From \_\_\_\_\_ To \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

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