

**Toby's Dream Foundation**  
**Volunteer Application**

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When submitting your application please include a clear copy of your driver's license.

Toby's Dream volunteers are required to:

\*Submit a Volunteer Application and background request form before training.

**Please read instructions for background check on TDF website**

\*Attend an orientation training

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

Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

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

D.O.B\*(Must be 21 to be a dream maker) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Which phone do you prefer us to use: \_\_\_\_\_

Email: Home \_\_\_\_\_ Work \_\_\_\_\_

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

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

(First) (Last)

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Interested in volunteering as:

\_\_\_\_\_ Dream Maker (training required) \_\_\_\_\_ Special Events \_\_\_\_\_ Office

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**Previous Volunteer Experience:**

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone # \_\_\_\_\_ Address: \_\_\_\_\_

References

Please list three professional references:

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

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

Telephone Number: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Do you hold a valid driver's license?  Yes  No

If yes, which state? \_\_\_\_\_

Have you ever had your driver's license suspended or revoked?  Yes  No

If yes, please explain why:

Do you use illegal drugs?  Yes  No

I HAVE COMPLETED THIS APPLICATION AND VERIFY THAT THE INFORMATION PROVIDED IS CORRECT. I UNDERSTAND THAT TOBY'S DREAM PLACES VOLUNTEERS UPON THE CURRENT NEEDS OF THE ORGANIZATION AND THE VOLUNTEER'S INTEREST, ABILITIES AND AVAILABILITY. I ALSO UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS REQUIRE ADULTS (AGES 18 & UP) TO HAVE A BACKGROUND CHECK COMPLETED EVERY THREE YEARS.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If the applicant is under the age of 18 years, please sign and date below.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Application form to: Toby's Dream Foundation 611 Lynnhaven Parkway, Suite 200, Virginia Beach, VA 23452 757-493-3754 or scan and send to Sarah at hope@tobysdream.org

Be sure to read background check instructions online and submit to Verified Volunteers per the link online.

See instructions on Toby's Dream Foundation website.

Authorization and Release for a Criminal Background Investigation

I, (Name) \_\_\_\_\_,  
of (street) \_\_\_\_\_  
(city, state, zip) \_\_\_\_\_,

hereby authorize the Attorney General’s Office of the State of Virginia to provide to Toby’s Dream Foundation, any and all records relating to my criminal background information, and I hereby allow the Toby’s Dream Foundation and all directors, board members, and other individuals connected therewith released from any and all liability for any damages relating thereto. I have attached a copy of my driver’s license for the completion of this investigation.

My driver’s license number is: \_\_\_\_\_ State: \_\_\_\_\_  
My date of birth is: \_\_\_\_\_

Signature of the Volunteer  
Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

