

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 as well as background check form to: Toby's *Dream* Foundation 611
Lynnhaven Parkway, Suite 200, Virginia Beach, VA 23452 757-493-3754

Be sure to read background check instructions before filling out 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: _____