



DREAM CENTER

Volunteer Application

Email to: info@islandsofhope.org

General Information

Name _____ Date _____

Street Address _____

Apartment/Unit # _____

City _____

State _____

ZIP Code _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____

Best time to be reached: _____

Date of Birth: _____

List of Names used in the last five (5) years, if different than the one listed above:

Training

Please list the areas of work experience you have:

Administration: Accounting Budgets Risk Mgmt. Permits Other _____

Program: Managing Hiring Classes Manuals Other _____

Clinical: Counseling Groups Medication Therapy Other _____

Support Staff: Shift Mgmt. Training Volunteers Maintaining Other _____

Additional Work Experience: _____

What is your current position? _____

Please check which volunteer position you are interested in:

Maintain Facebook Page Fundraising Team *Advocate Raise Awareness / Presentations

Host a Fundraiser Editor/ Letter writer Maintaining website

* To be an advocate you will need a background check \$15.00. Complete 12 Training videos & testing

What volunteer position are you interested in? _____

Why do you want to volunteer with Islands of Hope? _____

Have you volunteered before? _____

If so, Explain? _____

What do you know about sex trafficking in the United States? _____

What do you know about sex trafficking overseas? _____

Name something that you're very passionate about? _____

Hours of Availability

What is your availability? How many hours per week/month? Days of the week and time? (Be Specific)

Fill in hours below each day. i.e. mornings-8am to noon, daytime-noon to 4pm, evening-4pm to 8pm, overnight-8pm to 8am.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

