



## New Mentors! Welcome to DREAM!

*Welcome to DREAM – it’s a wacky and wild time, and we’re psyched to have you on board. We hope these forms aren’t too overwhelming, but they’re necessary to make things tick.*

Name	Date of birth	Graduation Year	T-Shirt Size
Home Address (not school!)	City	State	Zip
Home Phone (not school!)	Your Cell Phone	Email	Program/College

### Criminal Background / Sex Offender Check:

Part of The DREAM Program, Inc.’s “Best Practices”, is the completion of a criminal background and sex offender check for every volunteer in the program. This ensures the safety and security of DREAM children. By signing below you agree to the policy set forth in DREAM’s “Best Practices” and give DREAM permission to complete a criminal background check and sex offender check.

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

### Media Release:

I hereby grant to The DREAM Program, Inc. (“DREAM”), or any of its agents, the right and permission, in respect of the photographs and video which DREAM or its agents have taken of me, or in which I may be included with others, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish in the same in whole or part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name, and any statement made by me in connection therewith if DREAM so chooses. I am of full age and have the right to contract in my own name. I have read the foregoing and fully understand the contents hereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

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

### Sneaky Fine Print:

The DREAM Program, Inc. conducts an annual fundraising appeal, in which it sends letters to existing and potential donors (it’s one of the ways we get the moolah to pay for program insurance, summer programming, and all that good stuff). These solicitations are very important for the organization’s financial stability and long-term success. The DREAM Program, Inc. is always respectful in its use of its contact list. Please only check the box below if The DREAM Program, Inc. **MAY NOT** use the home address given in my application to contact family members for fundraising and other purposes:

For Office Use Only							
<i>Check box, date and initial when complete.</i>							
√		Initial	Date	√		Initial	Date
	Media Release				Criminal Check		
	Contact Parents				SO Check		



## Mentor Background Statement

### The DREAM Program, Inc.

*Please answer the following questions accurately and honestly. This information is important for your safety, and safety of other mentors and children in our program.*

*Thank you for your time and commitment to DREAM!*

### Driving

- How long have you had your driver's license? \_\_\_\_\_
- In which state are you registered? \_\_\_\_\_
- Have you had a moving violation in the past five years?      **Yes**              **No**
  - If so, what was the date of the violation(s) \_\_\_\_\_ (month/year)
  - In what State(s) did the violation(s) occur? \_\_\_\_\_
  - What was the nature of the violation(s)? \_\_\_\_\_
  
- Have you ever been arrested in regards to a DWI (Driving While Intoxicated) or DUI (Driving Under the Influence)?      **Yes**              **No**
- **Please provide DREAM a photo copy of your Vehicle Insurance Card and Driver's License.**

### Personal Background

- Have you ever been convicted of a crime (misdemeanor, felony)?      **Yes**              **No**
  - If so, what was the date of the conviction(s)? \_\_\_\_\_ (month/year)
  - What was the nature of the conviction(s)? \_\_\_\_\_
  
- Please provide DREAM with two character references who will attest to your background, experience, and ability to care for children. You should list one professional reference (an employer, teacher, professor, administrator, etc...) who has known you for at least 6 months and one personal reference (**please NO family members or significant others**) who has known you for at least 2 years.

1.				
	Name	Phone #	Email	Relationship
2.				
	Name	Phone #	Email	Relationship

I, \_\_\_\_\_ hereby attest that the above information is accurate and true and understand that supplying incomplete or inaccurate information may result in my removal from the DREAM Program. I also agree to inform the DREAM Program, Inc. if any of the information on this document changes during the time that I am involved with DREAM.

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

For Office Use Only				
<i>Fill out each box upon completion.</i>				
		years	relation	notes
√	Reference 1			
	Reference 2			