



605 S. Patterson Boulevard
Dayton, OH 45402
GaddM@DaybreakDayton.org
937-395-4600 ext. 126

Volunteer Application

Applicant Information

Name (Last, First, Middle Initial)	
Home Address (Number & Street, City, State, ZIP)	
Phone Number & Phone Type <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Office	Email Address
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you related to a former or current Daybreak employee or board member? If yes, please tell us their name(s) and your relationship to them. <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever worked for or received services from Daybreak? If yes, give dates and connection. <input type="checkbox"/> No <input type="checkbox"/> Yes	

Available Volunteer Opportunities (Check all that interest you. See website for more info.)

- Assist with youth activities (M–F) Work Lindy's booth (Sat) Administrative support (M–F)

Applicant Interests & Experience (you may add pages)

Please tell us why you're interested in volunteering at Daybreak.
Briefly describe experience you've had, either as an employee or volunteer, working with children, teens, or young adults who were in crisis or at-risk.
What job or volunteer experience have you had that relates to the volunteer position you're interested in?
What knowledge, skills, or areas of expertise would you be willing to use as part of your volunteer experience? For example: computer software, art, music, crafts, cooking, etc.
Please share any additional information you want us to know.

Availability

I'm interested in volunteering: Once a week Once a month As needed Other _____

Tell us the days and times you could be available.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Applicant Statement

I confirm that all information I've supplied in this volunteer application is true, complete, and accurate. I understand that by submitting this application, I authorize Daybreak to make inquiries regarding my suitability as a volunteer. I understand that submitting this application does not guarantee an appointment into Daybreak's volunteer program. I understand that Daybreak does not unlawfully discriminate and that no question on this application is used for the purpose of limiting or excusing any applicant from consideration on a basis prohibited by applicable local, state, or federal laws. I agree to comply with and be bound by Daybreak's safety and health rules and regulations, rules of conduct, and policies and procedures.

Applicant Signature

Date

↓ ↓ ↓ ↓ ↓ For Office Use Only ↓ ↓ ↓ ↓ ↓

Birthdate _____

Start Date _____

Raiser's ID _____

Emergency Contact Information

Contact #1 Name	Phone #1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Office	Phone #2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Office
Home Address		Relationship
Contact #2 Name	Phone #1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Office	Phone #2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Office
Home Address		Relationship

- Background check agreement
- Background check results
- Fingerprint check results
- Reference ROI
- Required references received 1 2 3

- Confidentiality agreement signed
- Code of ethics acknowledgement
- Volunteer handbook acknowledgement
- Service description