



**VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employed By (If Employed) \_\_\_\_\_

Work Address \_\_\_\_\_

May you be called at work?  Yes  No

Brief description of work: \_\_\_\_\_

Formal Education (highest year of school completed): \_\_\_\_\_

Do you speak a foreign language?  No  Yes *If yes, which language* \_\_\_\_\_

Do you drive?  Yes  No Do you have regular access to a car?  Yes  No

Current community activities: \_\_\_\_\_

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

\_\_\_\_\_

What are your reasons for wanting to participate as a Field of Dreams Academy volunteer?

\_\_\_\_\_

\_\_\_\_\_

Have you had any personal experience(s) involving?  Academic Fellow  Administrative  Sports Coach

Tutor  Other *if so, please explain:* \_\_\_\_\_

\_\_\_\_\_

How did you learn of our program: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If yes, what charge? \_\_\_\_\_ Date convicted: \_\_\_\_\_ Where \_\_\_\_\_

Do you consent to a routine check of your criminal records?  Yes  No

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name Address City, State Zip Code Phone Relationship :( Professional or Personal)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How long have you lived in the area? \_\_\_\_\_

Field of Dreams Academy, Inc., Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

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

Field of Dreams Academy, Inc.

**PART TWO**

Please answer the following questions in paragraph form on a separate piece of paper.

1. Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience.
2. Briefly explain your knowledge about youth sports or academic enrichment programs.

PLEASE RETURN YOUR COMPLETED APPLICATION:

MAIL TO: Field of Dreams Academy, Inc.

Attn: Volunteer Services

4147 Scofield Place

Stone Mountain, GA 30083

EMAIL TO: [info@fieldofdreamsacademy.org](mailto:info@fieldofdreamsacademy.org)

*The Field of Dreams Academy is a registered 501c3 non-profit organization, incorporated in the State of Georgia. Our primary mission is to EDUCATE, EXPOSE and ENDOW opportunities to minority youth who have the talent, passion and skill to excel in non-traditional sports. These non-traditional sports are baseball, lacrosse, soccer, hockey and auto racing. Additionally, our focus is to EXPAND their knowledge in the field of science, technology, engineering and mathematics (STEM), so these student-athletes can excel academically." Our goal is for each student-athlete who participates in the Field of Dreams Academy to have a positive impact on his community. They participate in various outreach programs that allow them to become a positive contributor to our society. The Field of Dreams Academy knows that we can make better communities, which lead to a better society, ultimately leading to a better world!*