## The Dreaming Zebra Foundation Volunteer Application

For more information please visit the

Dreaming Zebra Foundation website at www.dreamingzebra.org

Name					
Evening Phone	e-mail				
Phone					
any)					
Self-employed	Not currently e	employed			
at may apply?					
obbies:					
r spoken/read/written and prof	iciency level)				
er for special events? Yes / No	o (circle one)				
	Evening Phone   Phone   any)  Self-employed   at may apply?   aobbies:   ar spoken/read/written and prof	e-mail   Phone   any)			

## Do you have any medical conditions your supervisor should be aware of?

## Have you ever been convicted of a crime? Yes / No (circle one)

If yes, please give a short explanation outlining the circumstances of your conviction indicating date, nature and place of offense and disposition. (Do not include traffic violations or convictions sealed or annulled by the court) Convictions will not necessarily disqualify you from the volunteer position for which you are applying.

I certify that the above statements made by me are true and complete to the best of my knowledge and are made in good faith. I hereby give my permission for you to verify any information included in this application. I agree to abide by existing and future instruction, rules and policies at The Dreaming Zebra Foundation. I understand that my position can be terminated at anytime, at the option of The Dreaming

Zebra Foundation or myself. I understand that as a volunteer I will perform my duties without compensation.

Please provide three references:				
Name	Years Known	<u> </u>	Telephone Number	
1.				
2.				
3.				
Signature:		Date:		
Submit your application to:			Questions? Please contact	
The Dreaming Zebra Foundation Volunteer Services 5331 SW Macadam Ave. Portla			Volunteer Coordinator The Dreaming Zebra Foundation <u>volunteers@dreamingzebra</u> .org 503.206.6400 The Dreaming Zebra Foundation 5331 SW Macadam Ave., Ste.522 Portland, OR 97239	