



The Dandelion Foundation Volunteer Form

Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact _____

Driver's License Number/SS# _____ Expiration Date _____

When are you available?

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times							

Previous Work/Occupation _____

Volunteer Experience _____

What do you feel that you will get out of volunteering with the Dandelion Foundation?

References:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

I understand that:

1. The references I listed may be contacted by mail, telephone, email;
2. The information I provided may be used to conduct a background check (driving records check, criminal background check, and other records where required by local, state or federal law for volunteers work.)
3. If I use my personal car in volunteer service, I will keep in effect the minimum Liability Insurance.
4. As a volunteer if I do not want to be shown in the media I understand it is my personal responsibility to decline an interview and/or move from camera shot.

Volunteer Signature _____

The Dandelion Foundation Signature _____

Please mail this form to the address below. Or email to dandelionfoundation@yahoo.com

The Dandelion Foundation

P.O. Box 775

Great Falls, MT 59404