



# Volunteer Form

**Thank you for taking interest in volunteering for the D.R.E.A.M.S. Foundation of Acadiana! Please fill out and complete the following information below.**

**Basic Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_      Shirt Size (circle): Adult S M  
L XL XXL

Email: \_\_\_\_\_

**In Case of Emergency Contact:**

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Relation: \_\_\_\_\_

**Please check off which activity you would like to volunteer for.**

Art

Baseball

Basketball

Bowling

CYT

Camp Unique

Dancing

UFC

Cheerleading

Soccer

Softball

Swimming

Yoga

**You will need to get a recent background check from the Lafayette Police Department, located at 316 West Main Street in Lafayette. Once you receive your background check, please include it when sending your volunteer form into our office. You may mail your volunteer form and background check to the following address:**

**D.R.E.A.M.S. Foundation of Acadiana  
113 Oil Center Dr.  
Lafayette, LA, 70503**

Release of Liability/Consent for Medical Treatment/Equipment/Certification of Application

As parent or guardian of the registrant, I agree to abide by the rules and regulations set forth by the DREAMS Foundation of Acadiana. I hereby release, discharge and/or otherwise indemnify the Foundation under these civil entities, the sponsors, its employees, volunteers and other associated personnel against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named volunteer, I hereby give my consent for emergency medical care and transportation prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I also understand that I am financially responsible for such consented emergency measures.

As the parent or legal guardian of the above named applicant, I hereby certify that the answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If 18 years or older:

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

PHOTO AND VIDEO RELEASE

I grant permission to the D.R.E.A.M.S. Foundation of Acadiana to use my/my child's photograph and video, including those previously taken, to release to any newspaper, television program, radio program, or internet site as part of sharing the good work that the Foundation does and/or publicizing my child's accomplishments.

I understand that pictures may be taken of me/my child at any event or activity held by the Foundation, and grant permission for any such pictures to be used in the promotion of Foundation activities and related programs and events.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

If 18 years or older:

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

**Again, thank you for taking interest in volunteering for the D.R.E.A.M.S. Foundation of Acadiana! We look forward to working with you!**