



Neverland Dreamers Volunteer Program

Application

Serving individuals with employment obstacles through meaningful job training and placement by developing their God-given potential.

Photo/Video Release Waiver

I consent to allow Neverland Dreamers to use: _____ photos and/or videos in publications (such as flyers/brochures), our website, or on social media sites (such as our Facebook or Instagram account). I understand that in some cases, his/her name may be used. I further understand that no financial compensation will be given for the use of these photos/videos.

Applicant's Name / Date _____

Signature of Parent/Guardian / Date _____

Please email the completed application to: NeverlandDreamers@

If unable to email the application:

Mailing address: Neverland Dreamers, 953 S McCrary St, Woodbury, TN 37190

You may also bring it by Neverland Dreamers during business hours (Mon, Thurs 9-12)

Neverland Dreamers is committed to equal employment and volunteer opportunity without regard to age, ancestry, disability, national or ethnic origin, race, sex, marital status, political belief, or veteran status.

By signing below, you confirm that all information provided in this application is as complete and accurate as possible. You understand that the Neverland Dreamers program is job training that will lead to employment in the community. You are aware that for an applicant to participate in this program, he/she must be able to independently care for his/her own personal needs.

Applicant's Name / Date: _____

Signature of Parent/Guardian / Date: _____



Neverland Dreamers Intern Application

Application for Adults and Interns

**Serving individuals with employment obstacles through meaningful
job training and placement by developing their God-given potential.**

We are so pleased you are applying to be a Neverland Dreamers intern or worker! Please refer to the 'Internship Information: Adults with Disabilities' document for more information about Neverland Dreamer's Internship program prior to completing this application. If you are seeking employment and experience other employment obstacles such as being justice-involved, a veteran, addiction recovery, etc., please complete the 'Initial Application for Adults with Employment Barriers'. To assist in meeting our mission and objectives, please take a moment to review the following criteria to ensure the applicant is eligible for our internship program.

Volunteers must:

- have reliable transportation to and from Neverland Dreamers
- have a social security number

PERSONAL INFORMATION

Date: _____

Name Last	First and Middle
Adress:	Phone: Cell or Home (circle one):
Birthday:	Email Address:

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Applicant, why would you like to Volunteer at Neverland Dreamrs, and how would you be a valuable member of the team?

EDUCATIONAL HISTORY

Please tell us about your educational experience and highest level accomplished including degree or diploma earned:

EMPLOYMENT, VOLUNTEER, AND/OR JOB TRAINING HISTORY

Please tell us about your most recent or relevant employment, volunteer, and job training experiences. If you do not have work or volunteer experience, what would be your ideal job in the future?

Dates of Employment	Employer	Contact/Position	Email or Phone
From: To:			
From: To:			

REFERENCES:

Name	Phone Number	Relationship to Applicant	Years Known

Please provide at least one service provider (i.e. job coach, teacher, direct supervisor) or work-related references. If not applicable, please list a close relative other than a parent or guardian.

Medical Information

(Information must be completed by the Volunteer, parent or guardian of the applicant.)

Name of person completing form: _____

Relationship to applicant: _____

Prescription Medication

List all medication the applicant is presently taking:

Prescription Name:	Dosage/Frequency Date Prescribed

Neverland Dreamers personnel do not administer medication. Applicant is responsible for any prescribed or over-the-counter medication.

Allergies

List all allergies, regardless of type, below:

Allergy	Type (Food, Medication, Etc.)	Reaction	Severity

Does this applicant carry an Epi-Pen for these allergies? Y/N

Has the applicant had seizures? Y/N If yes, when was the last recorded seizure? _____

If yes, what type of seizures and how frequent?

Did it require medication or hospitalization? _____

Does the applicant have Diabetes? Y/N

If yes, please explain the applicant's diet restrictions and eating schedule.

Please list any other medical conditions of the applicant and how they may affect his/her ability to perform his/her duties on the job.