 **Dreams in Motion**
 PO Box 625
 Mandan, ND 58554
dreamsinmotioninc.com
dreamsinmotion@yahoo.com


VOLUNTEER APPLICATION

Thank you for your interest in volunteering for Dreams in Motion! Please provide a bit more information about yourself and your interests.

Volunteer Information	
Your Name:	
Company (if applicable):	
Mailing Address:	
City, State, Zip:	Phone:
Email:	
<p>What Dreams in Motion sport(s) or program(s) interest you?</p> <p> <input type="checkbox"/> curling <input type="checkbox"/> downhill skiing <input type="checkbox"/> wheelchair basketball <input type="checkbox"/> dance <input type="checkbox"/> soccer <input type="checkbox"/> sled hockey <input type="checkbox"/> track and field <input type="checkbox"/> tennis </p> <p>What days/times are best for you: (check all that apply)</p> <p> <input type="checkbox"/> Weekday mornings <input type="checkbox"/> Weekdays before 5pm <input type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekend mornings <input type="checkbox"/> Weekend afternoons <input type="checkbox"/> From Home </p> <p>What tasks are you comfortable performing and/or would like to do? (check all that apply)</p> <p> <input type="checkbox"/> assist with loading/unloading equipment <input type="checkbox"/> push/assist participants in wheelchairs <input type="checkbox"/> coach participants (training available) <input type="checkbox"/> social media or website assistance <input type="checkbox"/> drive/pull trailer (valid license required) <input type="checkbox"/> clerical/office assistance <input type="checkbox"/> assist in creating business partnerships <input type="checkbox"/> fundraising/program promotion </p>	
<i>Application continued on back</i>	





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Volunteer Application Continued

Is there a specific talent or skill you'd like to share (coach, photographer, medical, etc.):

Is there a specific resource you would like to recommend to assist with programs: (list)

How did you hear about Dreams in Motion?

How old are you? (required for Paralympic Club reporting and waiver completion below)

- under 18 18-30 yrs. 31-50 yrs. 51-75 yrs. 75+ yrs.

How would you prefer Dreams in Motion contact you regarding upcoming programs and volunteer opportunities?

- email phone social media message/invite mail

All volunteers must complete a waiver form in order to participate in Dreams in Motion programs and events.

Volunteers under 18 must have a parent or guardian complete the *Minor Registration and Waiver Form* prior to their first volunteer event. The form is available online at:

<https://www.dreamsinmotioninc.com/participation-forms>

Volunteers over 18 must complete the *Adult Registration and Waiver Form* prior to their first volunteer event. The form is available online at:

<https://www.dreamsinmotioninc.com/participation-forms>

Once more, thank you for your interest in volunteering for Dreams in Motion, Inc. We will reach out to you soon to chat about our upcoming events and specific duties. If you have any questions in the meantime, please email us at dreamsinmotioninc@yahoo.com. We look forward to meeting you.

