

DREAM – Disability Recreation Education and Advisory Meetings Volunteer Application Form

Name

Address

Phone number

<p>Please tell us why you would like to volunteer for DREAM</p> <p style="text-align: right;"><i>Please continue on another sheet if necessary</i></p>

Please give the name and addresses of two people who could provide a character reference for you. Examples may include a friend or neighbour who has known you for at least two years, a manager or colleague from paid or voluntary work, a teacher, key worker, support or social worker.

Reference 1	Reference 2
Name	Name
Address	Address
Phone Number	Phone Number
How long have you known this person and in what capacity?	How long have you known this person and in what capacity?