



Dear Volunteer Intern,

Thank you for your interest in the LA Dream Center. Enclosed is the information you requested concerning The Dream Center.

The first step in becoming a Volunteer Intern is to fill out the intake form and return it to our office. **We require an application processing fee of \$25 which must accompany this application (note: this fee is non-refundable regardless of your acceptance).**

We have four quarters in which we will enroll Volunteer Interns: January, April, July, and October. Please note in order to begin your Volunteer Internship at the Dream Center your application with **your \$25 application fee should reach us by no later than ten weeks before the starting date of each quarter.**

All Interns are asked to give a **one-year commitment**. Interns are not paid, however, food and housing are provided in exchange for your services. Attached are the housing rules and regulations. These rules must be taken into consideration when you become a Volunteer Intern, please examine them carefully. Be sure to sign indicating that you understand them and will abide by these rules. Note to include it with your intake forms.

A Volunteer Interns work is very rewarding but can also be very challenging at times. Volunteer Interns must walk by faith at all times. Being a Volunteer Intern is not easy and we do not want to discourage anyone, however, you must be prepared for the many different challenges you may encounter while serving the Lord.

Again, thank you and God bless you!

In His Service,

Shari Deater  
Registrar

213-273-7074

[registration@dreamcenter.org](mailto:registration@dreamcenter.org)

## APPLICATION CHECKLIST

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*Failure to include all listed items will result in a delay of processing your application.*

- Completed application
- \$25 Application processing fee
- Copy of driver's license, picture ID, military ID, passport
- Copy of High School Diploma, GED, or College Transcripts
- Three letters of reference, Personal, Professional, and Pastoral. These references should not be relatives.
- Copy of current resume (if available)
- Proof of financial support
- Signed and dated housing policy
- Signed and dated assumption of risk form

IF YOU HAVE ANY QUESTIONS ABOUT THESE ITEMS, YOU CAN EMAIL [REGISTRATION@DREAMCENTER.ORG](mailto:REGISTRATION@DREAMCENTER.ORG) OR CALL 213-273-7074.

THANK YOU

***Note that if you are accepted, you will be asked for a \$100 refundable room deposit.***

## PERSONAL

NAME				
FIRST:	LAST:	MIDDLE:		
ADDRESS				
STREET:	CITY:	STATE:	ZIP:	
PHONE				
DAY:		EVENING:		
EMAIL ADDRESS				
<b>ARE YOU 18 OR OVER?</b>	YES	NO	DATE OF BIRTH:	AGE:
			SOCIAL SECURITY#:	
LIST NAMES USED IN LAST FIVE YEARS IF DIFFERENT THAN ONE LISTED ABOVE:				

## CITIZENSHIP

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not a citizen of the United States, are you a legal alien authorized to work in the United States?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## RESIDENCE

List each country of residence for the past 5 years beginning your most recent.

	COUNTRY	STATE / PROVINCE	CITY	DATES
1				
2				
3				
4				

## MEDICAL & CONTACT INFORMATION

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Applicant's Name: \_\_\_\_\_

In case of emergency please contact 1<sup>st</sup>:

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

Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

In case of emergency please contact 2<sup>nd</sup>:

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

Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Any Known Medical Conditions: \_\_\_\_\_

Are you aware of any medical condition that would prevent you from performing the services of a Volunteer Intern without reasonable accommodation?

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## COMMITMENT

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- 1) Are you willing to commit a year to the Dream Center? Yes \_\_\_ No \_\_\_
- 2) Will you be able to show proof of financial support for your stay? Yes \_\_\_ No \_\_\_  
(i.e. Bank Account, church commitment, MAPS volunteer etc.)

## CHURCH ATTENDANCE

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Home Church \_\_\_\_\_

Church Mailing  
Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church Phone \_\_\_\_\_

Are you a member? \_\_\_\_\_ Dates attended \_\_\_\_\_

Other Church history:

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## EDUCATION

High School				
Name of school:	Dates attended		Did you graduate?	
	To	From	Yes:	No:
Address:				
College or University				
Name of school:	Dates attended		Did you graduate?	
	To	From	Yes:	No:
Address			Major / degree	
Graduate school				
Name of School:	Dates attended		Did you graduate?	
	to	From	Yes:	No:
Address			Course of study	

Are you computer literate? Yes \_\_\_ No \_\_\_

If "yes", please list software and hardware experience.

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List your typing speed and office equipment you can use:

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### ADDITIONAL INFORMATION, TRAINING OR EXPERIENCE

List here any other additional information that you believe may be useful in an evaluation of your application. (Examples could include special training programs in which you have participated or experience not reflected above.)

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## EMPLOYMENT HISTORY

Please list your last three jobs beginning with your most recent employer.

COMPANY NAME	POSITION:
ADDRESS:	START (MO/YR) END (MO/YR)
NAME OF SUPERVISOR:	END SALARY OR HOURLY RATE:
REASON FOR LEAVING:	TELEPHONE #:
DESCRIPTION OF DUTIES:	
COMPANY NAME	POSITION:
ADDRESS:	START (MO/YR) END (MO/YR)
NAME OF SUPERVISOR:	END SALARY OR HOURLY RATE:
REASON FOR LEAVING:	TELEPHONE #:
DESCRIPTION OF DUTIES:	
COMPANY NAME	POSITION:
ADDRESS:	START (MO/YR) END (MO/YR)
NAME OF SUPERVISOR:	END SALARY OR HOURLY RATE:
REASON FOR LEAVING:	TELEPHONE #:
DESCRIPTION OF DUTIES:	

## REFERENCES

LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU		
<b>NAME</b>		<b>ADDRESS:</b>
<b>PHONE NUMBER</b>		<b>HOW LONG HAVE YOU KNOWN THIS PERSON?</b>
<b>DAY:</b>	<b>EVENING:</b>	
<b>NAME:</b>		<b>ADDRESS:</b>
<b>PHONE NUMBER</b>		<b>HOW LONG HAVE YOU KNOWN THIS PERSON?</b>
<b>DAY:</b>	<b>EVENING:</b>	
<b>NAME:</b>		<b>ADDRESS</b>
<b>PHONE NUMBER</b>		<b>HOW LONG HAVE YOU KNOWN THIS PERSON?</b>
<b>DAY:</b>	<b>EVENING:</b>	

<p><b>Have you, ever been convicted of, or plead guilty to or no contest to a felony?</b>          Yes ___ No ___</p> <p>If "yes", please give details, including disposition of your case.</p>
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<p>Have you ever before applied to become a Volunteer intern here at the Dream Center? Yes ___ No ___</p> <p>If so when and who was the person you spoke with.          Date: _____ Contact: _____</p>
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## DRIVING INFORMATION

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**WARNING: Clearance must be obtained from the Dream Center's insurance carrier before you drive any church vehicle. Check with the church office before operating any church vehicle owned or leased by the church.**

1. Drivers license number: \_\_\_\_\_

2. State of issue: \_\_\_\_\_ 3. Expiration date: \_\_\_\_\_

4. Type of license: \_\_\_\_\_

- Operators
- Commercial
- Chauffeur
- Other (please specify) \_\_\_\_\_

5. Do you have any restrictions on your driver's license?

- Yes If "yes", please note here \_\_\_\_\_
- No

6. Have you been involved in any motor vehicle accidents while driving in the past 5 years?

- Yes

If "yes", please list the question number and describe each accident on a separate sheet

- No

7. Have you ever been convicted of any moving violations during the past 5 years?

- Yes

If "yes", please list the question number and describe each accident on a separate sheet

8. Do you carry liability insurance on your automobile?

- Yes If "yes", please identify the insurance company

\_\_\_\_\_

- No

9. Photocopy of license provided?

- Yes
- No

I represent that each of my responses is truthful and accurate. I agree to notify The Dream Center within a reasonable time of any changes in the above information.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PERSONAL TESTIMONY**

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## **DREAM CENTER HOUSING POLICY**

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1. One of the criteria of acceptance is availability of volunteer housing. Rooms are limited due to the number of unfinished rooms yet in the process of being reconditioned. You should expect to have at least one roommate or more depending on the size of the room. It is possible that you will be asked to share or move into other rooms during your stay. Please be advised that your right to stay in volunteer housing at The Dream Center is temporary, may change at any time, and is not your residence. You are not a tenant at the Dream Center, simply a guest.
2. Adopt-A-Block is every Saturday morning at 10:00. It is a mandatory outreach for all Dream Center volunteers to attend.
3. All Dream Center Volunteers are expected to attend The Dream Center's Thursday evening service at Angelus Temple and the Sunday morning service. With the additions of other services, it may become necessary for the Dream Center leadership to require attendance to those services. You will be advised if this occurs. Others services are optional.
4. Dream Center Volunteers are permitted to have private phones or cell phones; some rooms are equipped to have cable television in their rooms. However, all residents are responsible for their own phone, cable installation and monthly fees. Please remember that if you are asked to change rooms, you will not be reimbursed for installation charges and you will be responsible for past charges as well as new installation and monthly fees.
5. No smoking, alcoholic beverages, illegal drugs, back biting, foul language, or pornography is allowed in rooms or anywhere on campus. If you become a Dream Center volunteer with the Dream Center, it is also expected that you would not be smoking, drinking alcohol, involved with drugs or pornography off campus as well. Doing so would result in dismissal from, the Dream Center and its affiliated ministries.
6. Pets are not allowed on campus or in any rooms. This includes dogs, cats, reptiles, etc. You can have fish in your office only. If for any reason management or security suspects an abuse of this policy and/or if another volunteer suspects an abuse of this policy, management reserves the right to authorize random room inspections of any suspected room, without notice. In the event of a breach to this policy, the involved responsible party will be asked to vacate the premises immediately.
7. Members of the opposite gender are not permitted in bedrooms and/or living quarters unless they are married to each other. Propping the door open does not create an exception to this policy. If a maintenance person is repairing your room, then keep the door open. This is for all the campus grounds and buildings.
8. Campus wide curfew is 12:00 midnight, and quiet time is at 10:00 pm until 6:00 am in the resident halls.
9. The Dream Center does not furnish refrigerators for individual room. Some floors have kitchens. We ask you to wash your own dishes and clean up after yourself immediately after use.
10. Fire regulations do not allow cooking or cooking appliances to be in and/or used in your rooms. Cooking appliances would include things such as, but not limited to, a toaster, George Foreman grill, a crock-pot, hot plate, etc. It is also a regulation that you keep your room uncluttered.
11. There are to be no items that burn or smoke on campus. This includes, but is not limited to candles, incense, or anything that may catch on fire.
12. Many floors have their own washer and dryer. You will have to supply your own laundry detergents.

13. All personal items are to be moved at your own expense. The Dream Center does not offer storage services. The Dream Center does not assume responsibility for the shipping and handling of personal property and is not responsible for personal items left on campus. If personal property is left in the room after the room has been vacated or voluntary/ staff services are terminated, the items will be removed from the room and stored for thirty days from the date of departure. The Dream Center reserves the right to dispose of the items after the thirty-day time period has expired. The Dream Center assumes no responsibility for personal items.
14. All room and office assignments must be approved. You must go through the Registration office for any new room assignments.
15. Rooms are to be cleaned weekly. Residents are responsible for their own cleaning supplies. Room checks are done periodically through the Registration and Security offices.
16. Some areas of the Dream Center are restricted for our discipleship programs, renovation or other reasons. You must be aware of where you can or cannot be on campus and abide by those restrictions.
17. Dream Center volunteers aged 21 years and older are permitted to have one vehicle on campus. You must park in the designated areas. Your vehicle must be registered with the Security office within 48 hours of arriving on campus. Failure to register vehicle with the Risk Management/Security within the allotted time will result in your vehicle being towed at your expense. You will also need to give a copy of your vehicle insurance and driver's license to the Security office.
18. You must protect your keys and you may not loan them out to anyone. They are your responsibility.
19. The Dream Center allows you to bring personal items to campus, but please be advised that the Dream Center does not carry insurance for your personal items and the Dream Center will not be responsible for your items.
20. Minors are not permitted in any room, living quarters at the Dream Center.
21. There are no weapons permitted on campus. This includes but is not limited to, guns, knives, swords, mace, brass knuckles, bats, or any item that could be considered a weapon.
22. All policies are subject to change without notice as need arise.
23. Failure to comply with one or more of these policies could result in immediate dismissal from property and/or ministry. A decision to dismiss is NOT subject to appeal.

**I HAVE READ AND I UNDERSTAND THESE POLICIES, RULES AND REGULATIONS.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **ASSUMPTION OF RISK FORM VOLUNTEER INTERN**

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**Note: This is for use by adults who participate as a Volunteer for The Dream Center may not have insurance to cover injuries or accidents that occur while acting in a Volunteer capacity, and it has no means of adequately supervising all Volunteer activities, we ask Volunteers to assume all risks associated with them as a condition of their participation.**

I, \_\_\_\_\_ (name of volunteer), in consideration of my acceptance as a Volunteer of The Dream Center, 2301 Bellevue Ave., Los Angeles, CA 90026, represent and agree that:

1. I am a volunteer worker and not an employee of The Dream Center.
2. I am aware of the hazards and risks to my person and property associated with serving, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment as a Volunteer with full awareness of these risks, and, subject to any insurance coverage that may be available to me from any source, and I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property, and I release The Dream Center and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with serving in this capacity.
3. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a Volunteer.
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me enforceable against me in accordance with its terms.
5. I am aware of the hazards and risks to my person associated with participation in The Dream Center as a Volunteer, as described above. I further understand that The Dream Center may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation as a Volunteer, and if I desire insurance coverage, I am responsible for the cost of such insurance.
6. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IMPORTANT:** Please have two witnesses observe your signature, and have them sign below. They must be at least 18, and should not be relatives.

Witness _____	Witness _____
Address _____	Address _____
City _____	City _____
State & Zip _____	State & Zip _____

# VOLUNTEER AGREEMENT

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1. The Dream Center's acceptance of this completed application does not mean that a Missionary-Volunteer position is open or that The Dream Center has agreed to accept me. The Dream Center is under no obligation to accept me as a Missionary-Volunteer as the result of receiving this completed application.
2. As part of the procedure for processing my application or evaluating me for Missionary -Volunteer purposes, The Dream Center may obtain an investigative report including information gathered through personal interviews with third parties, such as prior employers, family members, business associates, with whom I am acquainted. This inquiry may include information as to my character, general reputation, and personal characteristics whichever may be applicable. I have the right to make a written request within a reasonable period for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

The Dream Center reserves the right to request a consumer credit report for application purposes. If you wish a free copy of both this consumer credit report and any investigative report, contemporaneously with their being sent to The Dream Center, please check the following.

If one is requested, send me a copy of the consumer report and investigation  
Yes \_\_\_\_ No \_\_\_\_

By signing this application, I authorize The Dream Center to request and obtain the information described above. Further, I release The Dream Center and its denominational agency, affiliates, related entities, agents, attorneys at law, employees and officers and all prior employers references and records custodians from any claim or liability whatsoever arising out of such request or any information disclosed in response thereto, and I agree not to bring any action or assert any claim against The Dream Center or such prior employer or other reference on account thereof.

A photocopy or facsimile of this authorization shall be as valid as the original.

3. I understand that my providing of false or misleading material information or my failure to state material facts either in this application or in any interviews will result in my immediate dismissal by The Dream Center as a Missionary-Volunteer.

## **IF I AM APPOINTED TO A MISSIONARY VOLUNTEER POSITION, I UNDERSTAND AND AGREE THAT:**

1. Before commencing I may be required to produce documentary evidence that I am 18 years of age or older.
2. My ongoing position as a Missionary – Volunteer may be subject to passing tests for the use of illegal drugs and the abuse of prescription drugs. A tuberculosis test or drug test may be required, after a drug test is given, the results of that drug test are given back to the individual by the administrator within a 48-hour period. The appropriate action is as a result of a positive drug test will be assessed on a case by case basis in regard to dismissal and appropriate action, taking into account the totality of the person tested including their actions and performance while living, volunteering, or working within the structure of the volunteer internship ministry at the Dream Center. A disciplinary action committee deemed appropriate in the decision making process, will/communicate within 72 hours of a positive test result to determine the necessary action to be taken because of the testing. Such testing will be at the discretion of the Dream Center; I authorize the disclosure of the drug tests to the Dream Center, which will keep the results confidential. Results of drug testing will be given to individuals on a need to know basis.

**I HAVE READ THIS RELEASE TO CONDUCT DRUG TESTING, UNDERSTAND ITS CONTENTS, AND SIGN THIS RELEASE OF MY OWN FREE ACT:**

YES       NO

3. My appointment as a Missionary Volunteer is subject to The Dream Center's receipt of satisfactory responses from my prior employers and other references.

4. If requested by management at any time, I agree to submit to a search of my desk, room, or any space that may be assigned to me, and I waive all claims for damages on account of any such search.

5. I understand and agree that if I am accepted as a Missionary-Volunteer as a result of this application, my services at The Dream Center, as well as my residency privilege, will be "at-will". This means that my service at The Dream Center will not be for a definite period of time, and can be ended at any time by The Dream Center or me with or without cause and with or without notice. I further understand that no The Dream Center agent or employee, or any The Dream Center handbook, program, or other written materials can alter the at-will nature of my volunteer service with The Dream Center.

6. Christian Alternative Dispute Resolution: In keeping with 1 Corinthians 6: 1-8, all disputes, which may arise between any Missionary-Volunteer and The Dream Center, shall be resolved in accordance with the Rules of Procedure for Christian Conciliation, Institute for Christian Conciliation. If efforts to conciliate or mediate the dispute fail, then the matter shall be resolved through binding arbitration. The decision of the arbitrators shall be binding on both parties, and both parties submit themselves to the personal jurisdiction of the courts of California, both state and federal, for the entry of a judgment confirming the arbitrator's award. Each party shall bear their own costs, including attorney's fees, related to any mediation, conciliation or arbitration proceeding.

If a dispute may result in an award of monetary damages, then use of the liability insurer of conditions, conciliation, mediation, and arbitration procedure on acceptance of the procedure. The Dream Center, the insurer's agreement to honor any mediation, conciliation or Arbitration process is not a substitute for any disciplinary process set forth in the Missionary-Volunteer handbook of The Dream Center, and in no such way affect the authority of The Dream Center to investigate reports of misconduct, conduct hearings, or administer discipline of employees.

7. I understand and agree to be bound by the bylaws and policies of The Dream Center, and to refrain from any conduct in violation of The Dream Center's rules, handbooks, programs, policies, written materials, teachings and The Dream Center's interpretation of Biblical scripture.

8. Educational Footnote: Your admittance may require five (5) hours of educational preparation or more per week if determined by your counselor.

**I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO BE BOUND BY THEM. I ACKNOWLEDGE THAT THIS IS A LEGAL DOCUMENT; I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING THIS LEGAL DOCUMENT. I SIGN THIS DOCUMENT OF MY OWN FREE ACT AND WILL.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## NOTICE TO VOLUNTEERS

Your prospective employer has been contracted with **BTi** Employee Screening Services, Inc., a Texas licensed, Private Investigations Agency to verify certain information contained in your application for volunteer work provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for volunteer work and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete all information requested.**

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by <b>BTi</b> Employee Screening Services, Inc., 8150 N. Central Expressway, Suite 500, Dallas, Texas 75206. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.					
<b>Applicant's Legal Name</b>		Last	First	M.I.	
Please provide any other name used for prior employment or school that differentiates from the above.					
<b>Current Home Address</b>	Street	City	State	Zip Code	
<b>Date of Birth</b> (Month/Day/Year)		Social Security #			
<b>Name as it appears of Driver's License</b>					
<b>Driver's License #</b>		State:			
<b>RESIDENTIAL HISTORY: List all residential addresses in the last 7 years</b>					
Address	City	State	Zip	From	To
Address	City	State	Zip	From	To
Address	City	State	Zip	From	To
<b>EDUCATION HISTORY: List all schools attended</b>					
Name of College, University or Trade School			From	<u>Dates Attended</u> To	
City/State		Telephone	Degree Earned: _____ or Incomplete		
Major			Minor		

<b>Applicant's Legal Name</b>	Last	First	M.I.
<b>EMPLOYMENT HISTORY: List all jobs held in the last 7 years</b>			
<b>MOST RECENT COMPANY NAME:</b>		Telephone	
May we contact your present employer? (circle one) YES NO			
Address	City	State	Zip
		From	To
Job Title	Salary	Reason for Leaving	
<b>2<sup>ND</sup> COMPANY NAME</b>			Telephone
Address	City	State	Zip
		From	To
Job Title	Salary	Reason for Leaving	
<b>3<sup>RD</sup> COMPANY NAME</b>			Telephone
Address	City	State	Zip
		From	To
Job Title	Salary	Reason for Leaving	
<b>4<sup>TH</sup> COMPANY NAME</b>			Telephone
Address	City	State	Zip
		From	To
Job Title	Salary	Reason for Leaving	

**APPLICANT CONSENT:** I understand and agree that **BTi** Employee Screening Services, Inc. will verify all or part of the information I have given my organization. I understand that this verification may include any inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contacting prior employers), education (degree, GPA, and attendance) as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for volunteer work.

APPLICANT SIGNATURE:

DATE: