



Scan or E-mail to: katie@believeindreams.org
 Or Mail this application to: Believe in Dreams / 23245B
 Mercantile Road, Cleveland, Ohio 44122

Office Use Only:

Date Received:

Dream Coordinator Assigned:

NOMINATOR FORM

Dreamer Information:		Date:	
Name:		DOB:	
Nominator Information (Must be Non-Relative to Dreamer):			
Name:		Organization:	
Job title:		Relationship to Nominee:	
Address of Organization:			
City:	State:	Zip Code:	
Email:		Phone (W):	
Selection Criteria Information: <i>**To be completed by the Nominator</i>			
<u>How would receiving a dream experience positively impact this nominee?</u>			
<u>What Positive Qualities do you see in the Nominee that led you to refer her/him/them?</u>			
<u>Is there any other information you want to share with us that would help us understand why you are nominating this child for a dream experience?</u>			
<u>Are there any special considerations or limitations regarding this dreamer that we should keep in mind while planning a dream experience?</u> (Translator needed, triggers, medical conditions, allergies, cultural sensitivities, etc.)			

PARENT(S) OR LEGAL GUARDIAN(S) FORMS

Dreamer Information:		Date:
Name:	Gender:	DOB:
Home Address:		County:
City:	State:	Zip Code:
E-mail (if applicable):		
Phone:(H)		(C)
Name of School:		Grade in School:
Address of School:		

Race and Ethnic Background of Dreamer: <i>**To be completed by Parent/Guardian</i>

Select all that apply *Does not impact acceptance			
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Other
<input type="checkbox"/>	Hispanic, Latinx, or Spanish origin	<input type="checkbox"/>	Prefer not to answer

Parent(s) or Legal Guardian(s) Information:	Same Address as Dreamer <input type="checkbox"/>
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Name of Parent(s) or Legal Guardian(s):		
Home Address:		
City:	State:	Zip Code:
E-mail:		
Phone:(H)	(C)	

Parent(s) or Legal Guardian(s) Additional Information:

Name of any Parent or Legal Guardian NOT Living with Nominee:	
Preferred Contact Number:	
Home Address:	Phone:

Family and Financial Information:
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No. of Dependent Children (including Nominee) Living in Nominee's Household:					
Estimated Current Level of Annual Household Income of Nominee's Family: (Choose 1)					
<input type="checkbox"/>	\$10,000 or less	<input type="checkbox"/>	\$20,000 - \$30,000	<input type="checkbox"/>	\$40,000 - \$50,000
<input type="checkbox"/>	\$10,000 - \$20,000	<input type="checkbox"/>	\$30,000 - \$40,000	<input type="checkbox"/>	\$50,000 or more

Dream Impact Baseline Survey: | ***To be completed by Nominee and/or Parent/Guardian with help of Nominator*

How optimistic are you about your life right now?

<input type="checkbox"/> My life is very good	<input type="checkbox"/> My life is good	<input type="checkbox"/> My life is ok	<input type="checkbox"/> My life is both good and bad	<input type="checkbox"/> My life is bad	<input type="checkbox"/> My life is very bad
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How optimistic are you about your future?

<input type="checkbox"/> The future looks very bright	<input type="checkbox"/> The future looks somewhat bright	<input type="checkbox"/> The future looks OK	<input type="checkbox"/> The future looks both good and bad	<input type="checkbox"/> The future looks bad	<input type="checkbox"/> The future looks very bad
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How satisfied are you with your connection to your community?

<input type="checkbox"/> Extremely Satisfied	<input type="checkbox"/> Moderately Satisfied	<input type="checkbox"/> Somewhat Satisfied	<input type="checkbox"/> Somewhat Dissatisfied	<input type="checkbox"/> Moderately Dissatisfied	<input type="checkbox"/> Extremely Dissatisfied
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How confident do you feel in your abilities?

<input type="checkbox"/> I feel that I can do anything	<input type="checkbox"/> I feel that I can do most things	<input type="checkbox"/> I feel that I can do some things	<input type="checkbox"/> I feel that I can't do some things	<input type="checkbox"/> I feel that I can't do most things	<input type="checkbox"/> I feel that I can't do anything
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I would like to help plan my dream experience I would like my dream to be a surprise

History and Personal Hardship Information: | ***To be completed by Parent/Guardian*

Select the hardship or traumatic event(s) the nominee has experienced, **not** involving the nominee's own medical condition; that has contributed to barriers preventing the nominee from fulfilling his/her/their hopes and dreams:

<input type="checkbox"/> Grief / Loss of Loved One	<input type="checkbox"/> Physical Abuse/Assault	<input type="checkbox"/> Sexual Violence	<input type="checkbox"/> War / Terrorism / Political Violence	<input type="checkbox"/> Natural Disaster
<input type="checkbox"/> Forced Displacement or Homeless	<input type="checkbox"/> Witness or Victim of Domestic Violence	<input type="checkbox"/> Neglect	<input type="checkbox"/> Serious Accident	<input type="checkbox"/> Other
<input type="checkbox"/> Non-Parental Custody	<input type="checkbox"/> Witness or Victim of School or Community Violence	<input type="checkbox"/> Extreme Poverty	<input type="checkbox"/> Caregiver of a Family Member	
<input type="checkbox"/> Child of Incarcerated Parent	<input type="checkbox"/> Emotional Abuse / Psychological Maltreatment	<input type="checkbox"/> Military Related Trauma / Deployed Caregiver	<input type="checkbox"/> Illness in Family	

Briefly describe the hardship or traumatic event(s) the nominee has experienced, **not** involving the nominee's own medical condition; that has contributed to barriers preventing the nominee from fulfilling his/her/their hopes and dreams...

Dream Information: | ***To be completed by Nominee and/or Parent/Guardian with help of Nominator*

Note: Dream experiences are exclusive to the Northeast Ohio area.

Hobbies and Activities that Interest the Nominee

<input type="checkbox"/> Sports	<input type="checkbox"/> Dancing	<input type="checkbox"/> Reading	<input type="checkbox"/> Crafts	Other:	
<input type="checkbox"/> Art	<input type="checkbox"/> Music	<input type="checkbox"/> Writing	<input type="checkbox"/> Games	Other:	

Favorites

Color:		Singer/Band:		Food:	
Sports Team:		Athlete:		Activity:	
Artist:		Movie/Show:		Other:	
Other:		Other:		Other:	

What does nominee dream about learning how to do that they have never done?

1	
2	
3	

What does nominee dream about having that they have never had before?

1	
2	
3	

Where would nominee want to go that they have never gone before (within NE Ohio)?

1	
2	
3	

How would having one or more of these dreams granted impact your life?

1	
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Liability and Publicity Waiver and Release

(Required for Dream Experience Fulfillment)

The undersigned is the parent or legal guardian of _____ (the "Participant") and acknowledges the Participant is under age 18 and desires to engage in a dream experience fulfillment activity (the "Activity") of Believe in Dreams® (the "Organization").

The undersigned further acknowledges that the Organization and its affiliates and assigns, and each of their directors, officers, employees and agents and any of its or their respective heirs, executors, personal representatives and administrators, successors and assigns (collectively, the "Releases") may wish to publicize the name, likeness and other personal characteristics and private information of the Participant for advertising, promotion and other commercial, business, and charitable purposes. In exchange for the intangible value the Participant will gain by possibility of participating in the Activity and other good and valuable consideration, the undersigned gives, on behalf of the Participant, permission for such use and publicity for such purposes, according to the terms and conditions set forth in this Liability and Publicity Waiver and Release.

The undersigned, on behalf of the Participant, hereby irrevocably permits, authorizes and licenses the Releases to display, publicly perform, exhibit, transmit, broadcast, reproduce, exploit, sell, rent, license, otherwise use and permit others to use the Participant's personal biographical information and other personal characteristics and private information set forth in this Application and all materials created by the Releases that use any of the foregoing (collectively, the "Materials") on a perpetual basis throughout the world and in any medium or format whatsoever now existing or hereafter created, including, without limitation, brochure and other print publications, advertising and other promotional materials, and the internet and for any purpose, including, without limitation, advertising, public relations, publicity, packaging and promotion of the Organization and its operations and charitable purposes without further consent from or royalty, payment or other compensation to the undersigned or the Participant.

The undersigned also acknowledges and agrees that the Participant assumes full responsibility for any and all risks of bodily injury, death, disability, and/or property damage as a result of participating in the Activity. The signature below indicates the undersigned understands any and all risks involved in participating in the Activity and willingly and voluntarily accepts any and all such risks on behalf of the Participant. By executing this release, the undersigned, on behalf of the Participant, releases the Releases from any and all claims, actions, suits, causes of action, damages (direct, indirect or consequential), entitlements to money or other property, accounts, covenants, agreements, representations (express or implied), express or implied warranties, judgments, losses, liabilities and obligations of every kind whatsoever, in law or in equity, however arising, known and unknown, expected or unexpected, including any and all attorneys' fees and other expenses incurred in connection therewith which the undersigned and/or the Participant now has, ever has had, or may incur or have against the Releases based upon, or arising out of, or relating in any way to the Activity and/or the Releases' use of the Materials.

The undersigned acknowledges that he/she fully understands the consequences of signing this release and that, by signing this release, neither the undersigned nor the Participant is entitled to be compensated or otherwise reimbursed by the Releases for any damages that may be incurred as a result of the Activity and/or the Releases' use of the Materials.

The provisions contained herein shall be binding upon the undersigned and the Participant and his/her heirs, executors, personal representatives and administrators, successors and assigns and shall inure to the benefit of the Releases.

This Liability and Publicity Waiver and Release and the construction and interpretation of the provisions hereof shall be governed by the laws of the State of Ohio.

THIS LIABILITY AND PUBLICITY WAIVER AND RELEASE PROVIDES THE RELEASEES WITH AN ABSOLUTE AND UNCONDITIONAL CONSENT, WAIVER AND RELEASE OF LIABILITY, ALLOWING THE RELEASEES TO PUBLICIZE AND USE THE LIKENESS AND OTHER PERSONAL CHARACTERISTICS AND PRIVATE INFORMATION OF THE PARTICIPANT AS SET OUT ABOVE. BY SIGNING, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS WAIVER AND RELEASE AND THAT THE PARTICIPANT IS GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE RELEASEES.

Nominee:	Date:
<i>Nominee Signature:</i>	
Parent/Guardian:	Date:
<i>Parent/Guardian Signature:</i>	

Certification

By signing below, I acknowledge that acceptance of this application by Believe in Dreams® does not constitute a commitment by the organization to fulfill the dream experience of the nominee. If the organization determines that the dream experience of the nominee should enter the next stage of dream fulfillment, a representative will contact the nominee (or nominator, if applicable) for more information and, if needed, supporting documentation.

I understand that submission of this application also does not constitute a commitment by the organization to grant a dream experience to the nominee. Furthermore, I declare that all of the information in this application is, to the best of my knowledge, true and accurate, and I agree to promptly inform the organization of any changes to the information provided in this application.

Nominee:	Date:
<i>Nominee Signature:</i>	
Parent/Guardian:	Date:
<i>Parent/Guardian Signature:</i>	

Guidelines

Believe in Dreams® (the “Organization”) has been established and is operated exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the “Code”). The Organization focusses on children under age 18 who have suffered a personal or family trauma, financial or other personal hardship that does not involve the child’s own medical condition. For example, these traumas and hardships include extreme poverty, the death or serious illness of a parent, loss of housing, military deployment of a parent, divorce or other life-changing event.

The Organization conducts its charitable activities in conjunction with professional sports team and local businesses. Such events include: VIP attendance to sporting events, concerts, lessons or classes, visiting somewhere for the first time, meeting or shadowing someone who inspires, coverage of costs for activities previously not attainable, or material items to remove barriers from achieving a goal.

Children eligible for a Believe in Dreams® experience must have suffered a personal or family trauma or hardship (such as those described above). Another requirement for eligibility is that the affected child, and his or her parent(s) and/or legal guardian(s), must demonstrate financial need.

Eligible children will be granted a unique experience tailored to the responses on their application. Each Believe in Dreams® experience is a unique, customized experience for the child (or children) involved and any accompanying parent(s) or guardian(s). Each dream experience reflects a request from or interest of the child involved (as opposed to parental interests) and is conducted in an age-appropriate manner. The Organization selects Believe in Dreams® recipients utilizing the objective and nondiscriminatory process described below and provides appropriate logistical support such as lodging, meals, transportation, tickets, pocket money and the like.

The Organization follows a process related to the application, qualification and granting of the Believe in Dreams® experiences described above. First, the Organization accepts applications from educators, social workers, medical professionals and the like and/or charitable partners such as the Red Cross, police and fire departments, hospitals, the United Way and other social welfare entities. Second, once an application is submitted (which describes, among other things, the personal or family trauma or hardship suffered by the child and the one or more Believe in Dreams® experiences of interest to the child), the application is reviewed by the Board of Directors of the Organization (or by a selection committee), and the application is approved or denied based on the eligibility criteria established by the Board. Third, if a dream experience is granted, the nominator and family are notified and the Organization will work with our Donors and Dream Granters to make the experience a reality.

The procedure for selecting Believe in Dreams® recipients described above is objective and nondiscriminatory. All Believe in Dreams® recipients are chosen by the directors of the Organization or a selection committee. The directors or the selection committee make decisions regarding who receives a particular dream experience based solely on objective standards, including, but not limited to, financial need, application materials and other relevant information and supporting documentation regarding a recipient. No individual who is a member of the Organization's Board of Directors, such committee or a "disqualified person" (as defined in section 4946 of the Code) with respect to the Organization may be awarded a Believe in Dreams® experience from the Organization.