



The Treatment and Learning Centers
TLC

a family of services where caring comes first

Volunteer Application

Please print legibly

Name _____
First Last Name you go by

Mailing Address _____
Street Address or PO Box

City State Zip Code

Phone () _____ - _____ E-Mail _____ @ _____

Date of birth ____ / ____ / ____ Today's Date ____ / ____ / ____

For all High School Students, or College Students seeking course credit

Name of School _____ Current Grade _____

Address _____
Street Address City/State/Zip

Contact Person _____ Contact's Phone () _____ - _____

Please shade in the times you are available to volunteer

| | 8 AM | 9 AM | 10 AM | 11 AM | 12 PM | 1 PM | 2 PM | 3 PM | 4 PM | 5 PM | 6 PM |
|----------|------|------|-------|-------|-------|------|------|------|------|------|------|
| MONDAY | | | | | | | | | | | |
| TUESDAY | | | | | | | | | | | |
| WED. | | | | | | | | | | | |
| THURSDAY | | | | | | | | | | | |
| FRIDAY | | | | | | | | | | | |

Start Date ____ / ____ / ____
 End Date ____ / ____ / ____

If you are available to volunteer on Saturdays or evenings, please note days and times here _____

Emergency Contact Name _____

Phone () _____ - _____ Relationship to you _____

Please circle all the volunteer activities you are interested in:

- Working with preschool children
- Working with school-age children
- Working with adult clients
- Clerical/Office work
- Special events
- Building/Grounds Maintenance

Why do you want to volunteer at TLC?

Please list any experience, voluntary or paid, that you feel is relevant to your volunteering interests at TLC

| | | | |
|-------|--------------|-------|-------|
| _____ | Organization | _____ | Dates |
| _____ | Organization | _____ | Dates |
| _____ | Organization | _____ | Dates |

REFERENCE 1 *(must be an adult who is not a relative)*

Name _____

Phone () _____ - _____

E-Mail _____ @ _____

Relationship to you _____

REFERENCE 2 *(must be an adult who is not a relative)*

Name _____

Phone () _____ - _____

E-Mail _____ @ _____

Relationship to you _____

Have you ever been convicted of a crime? **Y** or **N**

If yes, give date, place, charge offense, court, and sentence _____

In accordance with TLC policy and to ensure the safety of our clients, background checks may be performed on accepted volunteers.

I understand that:

(a) The information that I have provided may be verified by contacting persons or organizations named in this application. I hereby release and agree to hold harmless from liability any person or organization that provides information.

(b) In signing this application, I affirm that the information that I have provided is true and correct.

Signature of Applicant

_____/_____/_____
Date

If applicant is less than 18 years old, a parent or guardian must give permission to volunteer at TLC

I have reviewed my son's/daughter's application. I understand that he/she must follow all rules established by TLC. He/she has my permission to volunteer at TLC.

Signature of Parent/Guardian

_____/_____/_____
Date