

NOTE:

Are you between the ages of 16 and 18? Yes No

If yes, your parent or guardian must sign here to approve your possible participation as a TLCS volunteer. Due to TLCS confidentiality policies, TLCS volunteers between the ages of 16 and 18 may only work in non-client contact areas of the organization.

Printed name of Parent or Guardian: _____

Signature: _____

If considered for a volunteer position, would you have a reliable form of transportation or ability to use public transit to get you to and from TLCS? Yes No

Several of our volunteer positions require driving as a part of the volunteer experience. If you are considering volunteering your services as a driver, would you be able to furnish us with verification of vehicle insurance? Yes No

Do you have at least 3 years minimum driving experience? Yes No

Drivers License Information:

State: _____ Number: _____ Expiration Date: _____

Restrictions or Suspensions (respond fully if driving is required by the position you are volunteering for):

In the past three (3) years, have you had:

At-Fault Accidents: Yes No If yes, how many? _____

Minor Moving Violation: Yes No If yes, how many? _____

Non-Moving Violations (such as Failure to Appear, Unlicensed Driver, or No Proof of Insurance/Registration):
 Yes No If yes, how many? _____

In the past four (4) years, have you had:

Major Moving Violations (such as Driving while Suspended/Revoked, Exhibition of Speed, Reckless Driving, Driving Under the Influence, Vehicular Manslaughter, Leaving the Scene of an Accident, etc.):
 Yes No If yes, how many? _____

(Note: All individuals who volunteer for TLCS* are required to undergo a Motor Vehicle Record (MVR) check through the Department of Motor Vehicles (DMV) and will have to be cleared by our insurance company. All driving records must meet/continue to meet the underwriting standards established by our insurance company.)

(*Volunteers are not required to have a Driver's License; however, if they do, the procedures/standards listed above will apply.)

Have you been convicted of a criminal offense (felony or misdemeanor)? (Convictions will not necessarily disqualify any individual from volunteering at TLCS.) **Please do not include any offense that was expunged, part of a juvenile record or did not result in a criminal conviction. You may also omit any conviction for the possession of marijuana that is more than two (2) years old (except for convictions for the possession of marijuana on school grounds or possession of concentrated cannabis), and any information concerning a referral to, and participation in, any pretrial or post trial diversion program.**

Yes No If yes, explain: _____

Briefly describe your reasons for wanting to volunteer at TLCS:

IN WHICH OF THE FOLLOWING AREAS WOULD YOU FEEL THAT YOU WOULD BE ABLE TO HAVE THE MOST IMPACT AND ENJOY THE TASKS YOU ARE PERFORMING?

Direct Client Services

- _____ Recreational Opportunities
- _____ Recreational Transportation
- _____ Appointment Transportation

Administrative Support Services

- _____ Data Entry
- _____ Filing
- _____ Copying
- _____ File purging
- _____ Reception Assistance

Public Relations and Fundraising

- _____ Community Speaking Opportunities
- _____ Special Events

EMPLOYMENT / VOLUNTEER HISTORY: (List work history, if applicable, and/or any relevant volunteer experience)

1. Employer	Job Title	
	Dates	Employed
	From:	To:
Address		
Telephone Number(s)	Work Performed	
Supervisor		
	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> on-call <input type="checkbox"/> intern <input type="checkbox"/> other	

_____ By completing and returning this application, I am asking to be considered for a volunteer position with TLCS, Inc. In the event that I do become a volunteer, I agree to abide by the policies of TLCS and represent the mission and philosophy of the organization at all times. I recognize that the clients we serve have the same civil and human rights as any other individual. I will act in a responsible manner and treat any TLCS client with dignity and respect.

_____ Should I accept a volunteer position, I promise to abide by the volunteer schedule and perform the tasks mutually agreed upon.

Print Name: _____

Signature: _____

Date: ____/____/____

REFERENCES

Please list 3 references and fill out form completely (PLEASE PRINT)

Name: _____

Phone Number (during the day): (____)_____

Include Area Code

Check one: Professional (work) reference _____
Personal reference _____

Name: _____

Phone Number (during the day): (____)_____

Include Area Code

Check one: Professional (work) reference _____
Personal reference _____

Name: _____

Phone Number (during the day): (____)_____

Include Area Code

Check one: Professional (work) reference _____
Personal reference _____

FOR TLCS USE ONLY:

Date Received: ____/____/____

Disposition: _____

Affirmative Action Questionnaire

Applicants who wish to volunteer the following information are requested to do so. This information will assist us in determining whether or not we are attracting applicants in proportion to the sex, race and ethnic makeup of the population.

It will be helpful to us if you will complete this questionnaire and return it with your application. This information will be kept strictly confidential and will **not** be used when making final decisions.

It is the policy of TLCS, Inc. to provide equal opportunity for employment and volunteer participation on the basis of merit and without regard to age, ancestry, citizenship, color, creed, marital or domestic partner status, national origin, political affiliation, pregnancy (including childbirth, breastfeeding or related medical conditions), race, religion (including belief, observance or practice, including grooming and dress), sex, gender (including transgender, gender identity and gender expression), sexual orientation, military or veteran status, disability, genetic information, medical condition or any other consideration protected by federal, state or local law, ordinance or regulation.

Gender: Female_____ Male_____ Transgender_____ Other_____

ETHNIC IDENTITY (check one):

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

_____ **Decline to State** - (should you choose this option, by law we are required to report you as White).

Name – Printed

Date

Signature

THANK YOU VERY MUCH FOR YOUR COOPERATION!!