



**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):

\_\_\_\_\_

\_\_\_\_\_

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



**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 \_\_\_\_\_

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FOR TLCS USE ONLY:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Disposition: \_\_\_\_\_

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## **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