



The Treatment and Learning Centers
TLC

a family of services where caring comes first

Volunteer/Intern Application

MUST be 16 years of age or older to be considered. Please print clearly

Name _____

First Last Name you go by

Mailing Address _____

Street Address or PO Box

Phone () _____ E-Mail _____ @ _____

City State Zip Code

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

For all High School Students, or College seeking SSL hours or 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											
SAT.											

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

Emergency Contact Name _____

Phone () _____ Relationship to you _____

Please circle all the 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

Why do you want to volunteer/intern at TLC?

Please list any experience, voluntary or paid, that you feel is relevant:

_____	_____
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 _____

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.
- c. In accordance with TLC policy and to ensure the safety of our clients, background checks will be performed on all accepted volunteers/interns.

_____ / ____ / ____

Signature of Applicant Date

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

_____ / ____ / ____

Signature of Parent/Guardian Date