



# TLC's Summer Programs 2019 Volunteer Application

Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Please mark all of the dates you are available, and if you want to work half or full days. **All volunteers are required to commit to a minimum of 10 days.** You do not need to volunteer 10 consecutive days but please try to be consistent with your weekly schedule so that our staff can plan accordingly and the children have consistency.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK OF 6/24 – 6/28					
WEEK OF 7/1 – 7/5				NO CAMP	
WEEK OF 7/8 – 7/12					
WEEK OF 7/15 – 7/19					
WEEK OF 7/22 – 7/26					
WEEK OF 7/29 - 8/2					
WEEK OF 8/5 – 8/9					
WEEK OF 8/12 – 8/16					NO CAMP

**I am most interested in volunteering for the following Programs:**

- Speech-Language/Occupational Therapy Camp
- Afternoon Speech Language/Special Education Camp
- Interaction Group—Outpatient Program Location
- Admin Work

**I prefer to work:**

- Half Day—Mornings
- Half Day—Afternoons
- Full Days

\*\*\*Please visit TLC's Summer Programs Information Online at: [www.ttlc.org](http://www.ttlc.org)\*\*\*

**FOR TLC OFFICE USE ONLY**

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Application Received: \_\_\_\_\_ Interviewed on: \_\_\_\_\_ By: \_\_\_\_\_

Notes \_\_\_\_\_

Background Check on File:       Handbook Receipt on File:       Photo Release & Activity Waiver on File:

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

Organization \_\_\_\_\_ Dates of Service \_\_\_\_\_

Organization \_\_\_\_\_ Dates of Service \_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to You \_\_\_\_\_ 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:

1. The information I have provided may be verified by contacting these individuals or organizations. I hereby release and agree to hold harmless from liability any person or organization that provides information. In signing this application, I affirm that the information I have given is true and correct.
2. In signing this application, I affirm that the information I have provided is true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

I have reviewed my child's application. I understand that my child must follow all rules established by TLC. My child has permission to volunteer at TLC.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT VOLUNTEER INFORMATION**

1. Volunteers must be 16 or older
2. All volunteers 18 years and older will be subjected to a criminal background check.
3. All programs with the exception of Interaction Group will be held at TLC's Katherine Thomas School location at 9975 Medical Center Drive, Rockville, MD.
4. **Volunteers will be required to attend a 2 hour orientation prior to volunteering.**
5. TLC is an approved Student Service Learning (SSL) site for Montgomery County Public Schools.
6. Our campers have speech and language deficits, sensory processing and motor difficulties, learning disabilities, and may be on the autism spectrum. Volunteers should have prior experience and be comfortable working directly with our campers.

**PLEASE RETURN TO:**

**TLC-The Treatment and Learning Centers**

**ATTN: Human Resources**

**2092 Gaither Road, Suite 100, Rockville, MD 20850**

**Tel: 301-424-5200 FAX : 301-424-8063 email: HR@ttlc.org**