



TLC's Summer Programs 2026 Volunteer Application

Name:	Age/Date of Birth:
Address:	Phone:
Email:	Current Grade:
School:	Emergency Phone:
Emergency Contact:	Relationship to You:

Thank you for volunteering at TLC! We offer an exciting summer program:

- **Friends Speech-Language/Occupational Therapy Program:** From June 29 to August 14, accepts volunteers aged 16 years and older.

Morning, afternoon, and full day sessions are available. All volunteers are requested to work at least 2 weeks to ensure consistency for our participants. Please see our website for information regarding our programs: <https://ttlc.org/services/summer-programs/>

Please check the weeks and programs in which you are interested in volunteering:

FRIENDS THERAPEUTIC

Week Of:	Availability: Morning 8:45-12:45 Afternoon 12:15 to 3:45
Week of 6/29-7/3	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Week of 7/6- 7/10	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Week of 7/13- 7/17	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Week of 7/20-7/24	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Week of 7/27-7/31	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Week of 8/3-8/7	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Week of 8/10-8/14	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon

FOR TLC OFFICE USE ONLY

Application Received: _____ Interviewed On: _____ By: _____

Notes: _____ Program Placed Into: _____

Handbook Receipt on File
 Photo Release and Activity Waiver on File
 Background Check Completed

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? Yes or No 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. Friends Summer Program will be held at TLC's Outpatient Center: 1390 Piccard Drive, Suite 210, Rockville, MD 20850.
4. **Volunteers will be required to attend a 3-4 hour in-person orientation prior to volunteering.**
5. TLC is an approved Student Service Learning (SSL) site for Montgomery County Public Schools.
6. Our participants are ages 3-8 years and may have speech-language, sensory processing, gross motor, and/or learning difficulties and Volunteers should have prior experience and be comfortable working directly with our participants.

PLEASE RETURN TO:

TLC-The Treatment and Learning Centers

ATTN: Human Resources

1390 Piccard Drive, Suite 210, Rockville, MD 20850

Tel: 301-424-5200 FAX : 301-424-8063

HR@TTLIC.ORG