



# The Maple Counseling Center

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

### BACKGROUND INFORMATION

1. What is your occupation (student, employed person, retired)? \_\_\_\_\_

If employed, employer's name and address: \_\_\_\_\_

\_\_\_\_\_

2. If you are a student, please list area of study: \_\_\_\_\_

3. How did you hear about TMCC? \_\_\_\_\_ Is transportation available? \_\_\_\_\_

4. Any involvement in activities with children, in or out of an education setting, (use reverse side if needed)? \_\_\_\_\_

\_\_\_\_\_

Check off the program(s) you are interested in:

**BHHSSPC Volunteer** \_\_\_\_\_ *Please check the days and hours you are available to volunteer each day?*

Day: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

**Administrative Volunteer** \_\_\_\_\_ *Please check the days and hours you are available to volunteer each day?*

Day: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Hours: \_\_\_\_\_

**Community Circle** \_\_\_\_\_

Are you able to attend supervision/training meeting each week on Tuesday from 12:30-2pm? \_\_\_\_\_

**Tutor** \_\_\_\_\_

Do you have a preference of subject matter or age level of the student that you will tutor? \_\_\_\_\_. Are you available to tutor one after-school hour each week, 3:30-4:30pm and attend share-training meetings from 4:30-5:30? \_\_\_\_\_. Are you able to continue on a reasonable regular basis during this school year? \_\_\_\_\_

Tutoring Assignment (choose one or both)

Horace Mann cafeteria Tuesday \_\_\_\_\_ 3:30-5:30PM

Beverly Vista cafeteria Thursday \_\_\_\_\_ 3:30-5:30PM