



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? _____