



Celebrating life after 50

Volunteer Application Form

Thompson Center on Lourdes

Today's Date: _____

Name: _____
Last First Middle Initial

Address: _____
Street

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Are you 18 years of age or older? YES NO

Name of Emergency Contact: _____ Phone#: _____

EMPLOYMENT

Current Place of Employment: _____

Employer Address: _____
Street City State Zip

Work Phone: _____ Position/Title: _____

Would you like us to keep your employer abreast of your volunteer service? YES NO

EDUCATION

Highest Level of Education: _____

CRIMINAL BACKGROUND

Have you been convicted of a crime or are there charges pending against you other than minor traffic infractions? YES NO

(NOTE: Conviction of a crime is not an automatic bar to volunteer with TCoL. TCoL will consider the nature of the offense, the date of the offense and the relationship between the offense and the type of volunteer work you are seeking before making a decision).

If yes, please describe all relevant details of the conviction or pending charges. Identify the date of the conviction, the sentence imposed, the circumstances of the conviction and other information you believe is appropriate to your situation. Be specific as possible.

Is this a Community Service Requirement? YES NO
If YES, please check one: School Requirement Court Ordered Other

SKILLS and INTERESTS

Have you ever done any voluntary work before? YES NO

If answered YES, please tell us a little about the experience.

How many hours per week would you like to volunteer? _____

What days of the week are you available? (Circle your choices)

| <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |

Skills you would like to share or learn: (Check all that apply)

SENIOR SERVICES:OFFICE SUPPORT:SPECIAL EVENTS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bingo Caller/Activities | <input type="checkbox"/> Mailings/Distribution | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Serve Meals | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Planning Events |
| | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Kitchen Help |
| | <input type="checkbox"/> Web Design/Social Media | <input type="checkbox"/> Food Server |
| | | ___ Entertainment |

HANDS ON:

- Handyman or women
- Woodworking
- Maintenance
- Arts & Crafts
- Gardening
- Interior Painting

LEADERSHIP ROLES:

- Public Relations/Media
- Marketing
- Volunteer Team Leader
- Event/Project Coordinator
- Committee Member
- Internet Research
- Class Leader

Additional Skills or Interests Not Listed: _____

By signing this document you are stating that the information is true and agree to the following:

- * I hereby state that I am 18 years or older and offer my services as a volunteer for the *Thompson Center on Lourdes* volunteer program.
- * I understand that I am responsible to decline any volunteer activity or task that I may not be physically able to tolerate and I waive any liability to the *Thompson Center on Lourdes* for injury.
- * I authorize the release of my name and application information to any agency where I may volunteer.
- * I understand a background check may be required and I authorize release of my information for that purpose.
- * I understand that in my volunteer capacity I am required to keep both agency and client information confidential. I agree to protect this information to the best of my ability and not disclose it during or after my service as a volunteer has ended.
- * I give permission for the *Thompson Center on Lourdes* to use my picture in their publications.

Signature of Applicant

Date