



PO Box 1098 · Claremont, NH 03743 · (603) 542-1848 · www.tlcfamilyrc.org

## VOLUNTEER APPLICATION

The following information will be used to match you with the volunteer position that best suits your interests and abilities. Please complete all of the questions as thoroughly as possible. The more information you share the more likely it is that your volunteer experience will be a successful and rewarding one. Return completed form to the address above or email to Neil Allen at neil@tlcfamilyrc.org. Call (603) 542-1848 ext. 311 or email with any questions.

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Prior volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered at TLC Family Resource Center? \_\_\_\_ yes \_\_\_\_ no

If yes, when? \_\_\_\_\_

Summary of work experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community organizations or clubs: \_\_\_\_\_

Hobbies or special interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many hours a week would you like to contribute? \_\_\_\_\_

What days and times are you most available? \_\_\_\_\_

\_\_\_\_\_

Is there a particular kind of work that you would most like to do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give the name, address and phone number of two people (other than a relative) who can provide a reference:

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

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

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

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

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

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

Do you have any special needs that must be considered for your comfort or personal safety? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give TLC Family Resource Center permission to contact my references and attest that the information provided on this application is accurate.

\_\_\_\_\_  
Signature Date

If you are under age 18, a parent or legal guardian must give their authorization for you to volunteer.

Name of parent/legal guardian: \_\_\_\_\_

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

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
volunteer at TLC Family Resource Center.

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