



Volunteer Application

Teen Living Programs (TLP) creates hope and opportunity for youth who are homeless by assisting them to permanently leave the streets, secure stable housing, and build self-sufficient satisfying lives. TLP has successfully been serving one Chicago's most disadvantaged populations for over thirty years by providing stable housing, educational and vocational assistance and primary healthcare. The information provided here will be used to assess your fit with current volunteer opportunities. To provide individual volunteer services to clients you must be at least 21 years of age. If you are a former client, it must be at least 2 years since you last received services from Teen Living Programs. For more information please contact Nia Tavoularis at niat@teenliving.org or 312-568-5700 ext 228.

Biographical Information

Preferred Name _____ Today's Date _____

Full Legal Name _____ Preferred Pronoun? _____
First Middle Last

Street Address _____

City _____ State _____ Zip Code _____

E-mail Address _____ SSN _____

Home Phone _____ Mobile Phone _____

Check preferred method of calling

Date of birth _____ Drivers License Number _____ State _____

In Case of Emergency Call

Name _____ Number _____ Relationship: _____

When are you available to volunteer? Maximum hours/week: ____ Maximum hours/month: _____

Starting: Day/Month/Year: _____ Ending: To Day/Month/Year: _____

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings						
Afternoons						
Evenings	-----		-----		-----	-----

Work and Volunteer experience

Agency/Organization _____ Dates _____ Description _____

Please name two references (one work related and one personal):

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Employment/Educational Information

Are You Employed? Full time Part time No Where? _____

Occupation _____

Educational Degrees/Professional Licenses _____

Are You a Student? Full time Part time No Where? _____

If yes, what is your course of study (major)? _____

Are you using your volunteer experience to fill an internship requirement, community service order, or federal work-study (FWSP) award?

No Yes: If yes, FWSP dates From _____ To _____ FWSP award amount? \$ _____

Name of School _____

Languages you speak fluently _____

Background Information

Other names you have used _____

Other States you have lived in, including duration (i.e. OR, 3/97-9/03):

State:								
Duration:								

Have you ever been convicted of a felony or misdemeanor (that has not been expunged)?

Yes No

If yes, list dates, places, charges and disposition below. (A conviction is not an automatic disqualification from employment.)

If drug related, how long have you been clean and sober? _____

Office Use Only

Please provide brief responses to the following questions:

1. How and when did you hear about TLP?

2. Tell us a little about yourself.

3. Why do you want to volunteer with an agency that serves youth who are homeless? Describe any experiences you have had that might serve you in a volunteer position here.

4. TLP serves many different types of clients, some of whom are homosexual, bisexual, transgender, drug affected or addicted, have psychosocial issues or problems with authority. Given these circumstances, what is your comfort level in working with these clients? Are there specific groups you would not feel comfortable working with? Please be specific and provide examples from your own experience.

5. What type of volunteer opportunities are you interested in?

6. Have you worked with teenagers before and in what capacity?

7. What personal strengths would you bring to the programs at TLP?

8. What else would you like us to know about you?

To fulfill our commitment to a safe and productive environment, Teen Living Programs will not permit the unauthorized use or possession of alcohol or illegal drugs on the agency premises at any time, nor will we knowingly permit people to work while under the influence of alcohol or drugs. I understand that Teen Living Programs reserves the right to condition my service upon a satisfactory drug test. I further understand that if I am selected, Teen Living Programs reserves the right to subject me to drug and alcohol testing if it has reason to believe that I am using drugs or under the influence of alcohol. Teen Living Programs' substance abuse policy, as set forth in the handbook I will receive, delineates in detail Teen Living Programs' expectations and my responsibilities. _____ (Initial)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission on this application will result in disqualification for service. I further understand that, if accepted for service, any misrepresentation that becomes known to Teen Living Programs may result in immediate termination. _____ (Initial)

I authorize investigation of all information provided during the application process and the references listed above to give Teen Living Programs any and all information concerning my previous experience and any pertinent information they may have, personal or otherwise, and release from all liability or responsibility Teen Living Programs, its agents and all persons, companies or corporations providing information to the agency about me. _____ (Initial)

In consideration of my service, I agree to conform to the instruction, rules and policies of Teen Living Programs including the anti-discrimination and harassment policy set forth in the handbook. I understand that I may be terminated at any time and for any reason; with or without notice, at the option of Teen Living Programs. _____ (Initial)

I hereby acknowledge that I have read and understand the above statements. I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of service or discharge. _____ (Initial)

I understand that as a condition of my service Teen Living Programs may conduct a pre-selection background investigation, credit history, driving history, identity/SSN, criminal history, reference, education, employment or personal check. I authorize Teen Living Programs to conduct any of these investigations and understand that the results of these may be used in the agency's selection decision. _____ (Initial)

I further understand that I have rights under the Fair Credit Reporting Act (FCRA). If Teen Living Programs makes a decision based on the above-mentioned background investigation that directly and adversely affects me, Teen Living Programs will provide me with a copy of the report and a summary of my rights under the FCRA, before the decision is finalized. I understand that I may also contact the Federal Trade Commission about my rights under the FCRA. _____ (Initial)

Applicant's Signature _____ **Date** _____

Print Name CLEARLY _____

As a volunteer candidate, I have read and understand the above information. I certify that all of the information I have provided is accurate.

Signature

Date

If you have any questions, please feel free to call and speak with Nia Tavoularis at 312-568-5700 ext 226. Thank you for considering a volunteer opportunity at Teen Living Programs. Please e-mail, post or fax completed application form to:

Teen Living Programs
Attn: Nia Tavoularis
162 W. Hubbard St.
Chicago, IL 60610
Fax: 312-568-5701
Email: niat@teenliving.org