



Volunteer Application-Group (Single Day Activity)

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 of 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. **All participating volunteers 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. **The use of this form does not guarantee a volunteer opportunity not does it constitute an offer, contract or placement by Teen Living Programs.** For more information, please contact Britt Hodgdon at (773)548.4443 ext. 337 or bhodgdon@teenliving.org

Biographical Information

Group Name/Affiliation _____

Main Contact _____ Preferred Pronoun? _____
First Middle Last

Street Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

Home/Work Phone _____ Mobile Phone _____
Please check preferred method of calling

When are you interested in volunteering? (Please keep in mind that Teen Living Programs requires three weeks advance notice for incoming volunteers.)

Day/Month/Year: _____
Please describe your group's ideal volunteer itinerary _____

Employment/Educational/Experiential Information

Are You a Student Group? Yes No
What school/discipline? _____

Will anyone in your group be using this volunteer experience to fulfill an internship requirement, community service order, or federal work-study (FWSP) award?

No Yes

Are you a member of an organized faith community? No Yes
If yes, which community? _____

Has anyone in your group ever received services from Teen Living Programs? No Yes
If yes, when? _____

What gifts, talents and skills does your group bring to Teen Living Programs?

Teen Living Programs has a few volunteering categories to best meet both the needs of the agency and volunteer group. Please be thoughtful when considering what your group's "best fit" might look like. Also, please remember that there may not be a perfect fit available at the time of your volunteering. Please understand that we do our best to place volunteers in an environment where their strengths complement their work.

Please rate your group's interest areas, 1 being the most interesting, 6 being the least interesting, X being something your group is not at all comfortable doing.

- | | |
|---|--|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Marketing and Development |
| <input type="checkbox"/> Program Support with no youth contact | <input type="checkbox"/> Physical Labor |
| <input type="checkbox"/> Program support with youth contact | |
| <input type="checkbox"/> Specific skill share with youth (cooking, art, tutoring, etc.) | |

Questionnaire

Please provide brief responses to the following questions:

1. How and when did you hear about TLP?
2. Tell us a little about your group.
3. Why do you want to volunteer with an agency that serves youth who are homeless?
4. TLP serves many different types of clients, some of whom are gay, lesbian, bisexual, transgender, drug affected or addicted, have psychosocial issues or problems with authority. Given these circumstances, what is your group's comfort level in working with these clients? Are there specific groups your group would not feel comfortable working with? *Please be specific and provide examples.*
5. Have you worked with teenagers before and in what capacity?

.....
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)

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)

Group Representative'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 Britt Hodgdon at (773)548-4443 ext 337.. 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: Britt Hodgdon
Fax: (773) 358-3426
Email: bhodgdon@teenliving.org