



Volunteer Application-Individual-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. **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. **The use of this form does not guarantee a volunteer opportunity nor 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

Preferred Name _____ Today's Date _____

Full Legal Name _____ Preferred Pronoun? _____
First Middle Last

Street Address _____

City _____ State _____ Zip Code _____

E-mail Address _____ Date of birth _____

Home Phone _____ Mobile Phone _____
Check preferred method of calling

In Case of Emergency Call
Name _____ Number _____ Relationship: _____

When are you interested in volunteering? (Please keep in mind that Teen Living requires three weeks of advance notice prior to a volunteer project being executed.)

Event/Project Desired Date: Day/Month/Year: _____
Please explain your desired single day activity _____

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

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Employment/Educational/Experiential Information

Are you currently 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

Volunteer Experience

Agency/Organization	Dates	Description

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

Have you ever received services from Teen Living Programs? No Yes
If yes, when? _____

What gifts, talents and skills do you bring to Teen Living Programs? _____

Teen Living Programs has a few volunteering categories to best meet both the needs of the agency and volunteer. Please be thoughtful when considering what your “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 interest areas, 1 being the most interesting, 6 being the least interesting, X being something you are not at all comfortable doing.

- Administrative Support
- Program Support with no youth contact
- Program support with youth contact
- Specific skill share with youth (cooking, art, tutoring, etc.)
- Marketing and Development
- Physical Labor

Background Information

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.)

Questionnaire

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 gay, lesbian, 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. Have you worked with teenagers before and in what capacity?
6. What personal strengths would you bring to the programs at TLP?
7. What else would you like us to know about you?

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)

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 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