



## VOLUNTEER APPLICATION

TAVON LEARNING CENTER

Full Name:		
Address:		
Phone Number:		
Email Address:		
Date of Birth:		
Employer:		
Name of School:	Grade Level:	Major:
Is volunteer service required or recommend by a school program or specific class?		
Yes:	# of hours	No:
Do you have a food allergy? Yes:	Please describe:	No :

Please list one personal reference:

Full Name:
Phone Number:
Email Address:

Please list one professional reference:

Full Name:
Phone Number:
Email Address:

Please indicate the times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Please list other specific scheduling information below:


Why do you want to volunteer at Tavon?


Please describe any prior experience with the developmentally or physically disabled community:


What strengths do you bring to volunteering at Tavon?


What questions or concerns do you have about volunteering at Tavon?


How did you hear about this volunteering opportunity?

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The Tavon Learning center is looking for individuals who are committed to volunteering and qualified for particular openings. Due to the nature of our center, not everyone can be placed as a volunteer.

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that, if I am accepted as a volunteer, TLC may end that relationship if I have made any false statements or misrepresentations in this application.

I understand that a violation of this agreement may result in corrective action, up to and including dismissal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_