



## VOLUNTEER APPLICATION

TLC Montessori is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

## PERSONAL

Last Name:		First Name:	MI:
Age ( <b>must be at least 13 to volunteer</b> ):		Current School/Grade:	
Home Phone: (      )		Cell Phone: (      )	
Email:		Address:	
<b>Emergency Contact</b> Name:		Phone Number:	Relationship:
<b>Emergency Contact</b> Name:		Phone Number:	Relationship:
<b>Allergies</b> (Not Dietary Restrictions):		<b>Medical Conditions:</b>	

## EDUCATION

<b>Name of Middle School:</b>		Please list any extracurriculars:
Grade: _____ <input type="checkbox"/> Not Applicable		
<b>Name of High School:</b>		Please list any extracurriculars:
Grade: _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Graduated		
<b>Other:</b>		Comments:
From:	To:	

## GENERAL

Desired Number of Volunteer Hours: <i>(If needed for club, honor society, etc.)</i> _____	Dates of Availability: <input type="checkbox"/> Summer Only <input type="checkbox"/> Year-Round _____ through _____ (MM/DD/YY) (MM/DD/YY)	Unavailable on these dates: <i>(Planned vacations, appointments, etc.)</i> _____
Please list your current availability below.		
Daily Availability: <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays		
Available Times Each Day: _____		
Are you at least 13 years old? ( <b>required</b> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relatives who are enrolled, volunteer, and/or are employed at TLC? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name(s): _____	
<b>Please tell us a little bit about why you are interested in volunteering at TLC Montessori:</b>		