



The Treatment and Learning Centers

TLC

TLC's Summer Programs 2020 Volunteer Application

Name: _____ Age/Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

School: _____ Current Grade: _____

Emergency Contact: _____ Emergency Phone: _____

Relationship to You: _____

Please mark all of the dates you are available, and if you want to work half or full days. All volunteers are required to work at least 10 days. You do not need to work 10 consecutive days. Please try to be consistent with your weekly schedule so that our staff can plan accordingly, and the children have consistency.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK OF 6/29 – 7/3					NO CAMP
WEEK OF 7/6 – 7/10					
WEEK OF 7/13 – 7/17					
WEEK OF 7/20 – 7/24					
WEEK OF 7/27 – 7/31					
WEEK OF 8/3 - 8/7					
WEEK OF 8/10 – 8/14					

I am most interested in volunteering for the following Programs:

- Speech-Language/Occupational Therapy Camp
- Afternoon Speech Language/Special Education Camp
- *Extended School Year Learning Enrichment – Full day required
- Interaction Group—Outpatient Program Location
- Admin Work

I prefer to work:

- Half Day—Mornings
- Half Day—Afternoons
- Full Days

***College Students Only**

Please visit TLC's Summer Programs Information Online at: www.ttlc.org

FOR TLC OFFICE USE ONLY

Application Received: _____ Interviewed on: _____ By: _____

Notes _____ Camp Placed Into: _____

Background Check, Privacy
Notice and Consent Form
on File:

Handbook Receipt on File:

Photo Release & Activity Waiver on File:

Please list any experience, voluntary or paid, that you feel is relevant to your volunteering interests at TLC.

Organization _____ Dates of Service _____

Organization _____ Dates of Service _____

REFERENCES

Name _____ Name _____

Phone _____ Phone _____

Relationship to You _____ Relationship to You _____

Have you ever been convicted of a crime? **Y or N** If yes, give date, place, charge offense, court and sentence:

I understand that:

1. The information I have provided may be verified by contacting these individuals or organizations. I hereby release and agree to hold harmless from liability any person or organization that provides information. In signing this application, I affirm that the information I have given is true and correct.
2. In signing this application, I affirm that the information I have provided is true and correct.

Signature of Applicant _____ Date _____

If applicant is less than 18 years old, a parent/guardian must give permission to volunteer at TLC.

I have reviewed my child's application. I understand that my child must follow all rules established by TLC. My child has permission to volunteer at TLC.

Signature of Parent/Guardian _____ Date: _____

IMPORTANT VOLUNTEER INFORMATION

1. Volunteers must be 16 or older.
2. All volunteers 18 years and older will be subjected to a criminal background check.
3. All programs with the exception of Interaction Group will be held at TLC's Katherine Thomas School location at 9975 Medical Center Drive, Rockville, MD.
4. **Volunteers will be required to attend a 2 hour orientation prior to volunteering.**
5. TLC is an approved Student Service Learning (SSL) site for Montgomery County Public Schools.
6. Our campers have speech and language deficits, sensory processing and motor difficulties, learning disabilities, and may be on the autism spectrum. Volunteers should have prior experience and be comfortable working directly with our campers.

PLEASE RETURN TO:

TLC-The Treatment and Learning Centers

ATTN: Human Resources

2092 Gaither Road, Suite 100, Rockville, MD 20850

Tel: 301-424-5200

FAX : 301-424-8063