



**TCLI FOUNDATION**  
**VOLUNTEER APPLICATION FORM**

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position you are applying for:

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*"we dare to, because we can achieve together"*

**SECTION 1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Are you over the age of 18? \_\_\_\_\_

**SECTION 2**

Previous Volunteer/Work Experience: : \_\_\_\_\_  
\_\_\_\_\_  
Other information (education, valuable skills, etc.): \_\_\_\_\_  
\_\_\_\_\_  
Why do you want to volunteer with TCLI? \_\_\_\_\_  
\_\_\_\_\_  
Languages Spoken: \_\_\_\_\_

**SECTION 3**

Availability and Volunteer Assignment Preferences: (please check all that apply)

I am available:     Monday         Weekends  
                          Tuesday         Mornings  
                          Wednesday     Afternoons  
                          Thursday        Evenings  
                          Friday            As Needed

How many hours a week can you provide? \_\_\_\_\_

When can you start? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Thank you for your interest in volunteering with the TCLI Foundation! We will be in contact with you about your application!