

Volunteer Application

Date _____

Please be honest with us when you fill out this application. It is the first step of becoming a volunteer with Turning Point Community Services, Inc. Other steps include meeting with you, checking your references and participation in an on-site orientation. During this process, please ask questions and talk about your concerns so together we can determine if joining the team at TPCS, Inc. is an appropriate decision for you.

Name: _____

Address: _____

City/Town _____ State _____ Zip _____

Home Phone Number: _____ Other Phone Number: _____

E-mail Address: _____

Are you working?

Yes / No
Full-time / Part-time

(If yes, please list employer & occupation)

Are you a student?

Yes / No
Full-time / Part-time

(If yes, please list name of school/college)

Have you ever been convicted of crime? **Yes / No**

If yes, year of conviction _____

Please Note: Before you become a volunteer with TPCS Inc, we reserve the right to conduct a criminal background check for our personnel files.

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How did you hear about TPCS, Inc?

Why do you want to volunteer with TPCS Inc? Is there anything you'd like to learn or gain while with us?

Have you volunteered anywhere else? **Yes / No** *(If yes, please list the most recent)*

Name of Organization _____ When? _____

How would you like to volunteer with TPCS, Inc?

- | | |
|--|---|
| <input type="checkbox"/> Host & Sponsor Fundraising Initiative | <input type="checkbox"/> Sponsor Recreational Activity for Children |
| <input type="checkbox"/> Food Pantry Sponsorship | <input type="checkbox"/> Donate Goods/Services |
| <input type="checkbox"/> Event Planning | |

Is there any population you are particularly interested in working with?

Is there any person or group you would feel uncomfortable working with?

Ideally, what would you like to do as a volunteer?

MAKING A COMMITMENT

Some volunteers can commit to working three hours or five hours per week, while some only a few days each month, and for special events, even once per year. Tell us what kind of commitment you can make.

I am available...

- Monday** Times:
- Tuesday** Times:
- Wednesday** Times:
- Thursday** Times:
- Friday** Times:

I think I can commit to volunteering for _____ months (a three-month minimum is average).

SKILLS & KNOWLEDGE

What type of knowledge do you have about the homelessness, mental health, domestic violence and/or substance abuse?

Please list any skills you have - for example Microsoft Office, data entry, telephone work, clinical background, research, etc.

What do others tell you is a strength of your personality?

What do you think is one weakness of your personality?

REFERENCES

Please provide us with the name and phone number of three references. Each person listed will be contacted. Please be sure to let your reference know they are listed on this application, so they are prepared.

Name _____ Phone # _____

How does this person know you? (eg - past supervisor, counselor, etc.)

.....
Name _____ Phone # _____

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.....
Name _____ Phone # _____

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.....

Who can we contact in case of an emergency?

Name _____ Phone # _____

Volunteer Signature

Date

Mailing Address

TPCS, Inc
P.O. Box 510
Maplewood, NJ. 07040

Fax#: (973) 374-9042