



## **VOLUNTEER INTERESTS**

NAME: \_\_\_\_\_

CONTACT INFORMATION (email/phone): \_\_\_\_\_

**AVAILABILITY:** (please check all that apply)

- 1<sup>ST</sup> Sundays of each month       2<sup>nd</sup> Sundays       3<sup>rd</sup> Sundays       4<sup>th</sup> Sundays  
 Mondays     Tuesdays     Wednesdays       Thursdays     Fridays       Saturdays

What time are you available?

\_\_Mornings \_\_Afternoons \_\_Evenings \_\_Weekends \_\_Various Hours

List dates (especially Sundays) that you will be **unavailable** (i.e. May 23<sup>rd</sup>, etc)

\_\_\_\_\_  
\_\_\_\_\_

***Please rank your area of interested in one of the following (1= most interested, 10=least interested):***

\_\_ Instructing/Facilitating    \_\_ Parent Liaison    \_\_ Fundraising    \_\_ One-to-One Mentoring  
\_\_ Tutoring    \_\_ Counseling    \_\_ Recreational Activities    \_\_ Special Events    \_\_ College  
Prep-GED    \_\_ Nutrition

- a. **Instructing/Facilitating** a SACRIFICE class
- b. **Parent/student Liaison** (calling parents/students to remind them about upcoming sessions, trips, events, etc. Encouraging their on-going involvement, letting them know of changes or other information)
- c. **Fundraising:** Generating ideas, designing, and coordinating fundraising projects to generate monetary sponsors and donations. (i.e. Casino nights, raffles, galas, etc)
- d. **One on One mentoring** (Interact with at-risk students outside of Sunday sessions, possibly meet/talk with them one-on-one, attend their school/little league events, etc )
- e. **Tutoring** (Conducting Test preparation or basic skills tutoring sessions)
- f. **Counseling** (Conducting family therapy sessions-license/trained therapist only)
- g. **Recreational Activities** (planning or leading recreational activities/ sessions – i.e. football camp, acting, painting, bike riding, etc)
- h. **Special Events** ( Assist in planning and coordinating special LIT events)
- i. **Nutrition** ( Conducting Nutrition Workshop or culinary class/activity, etc)



## *Volunteer Application*

*Thank you for your interest in volunteering*

*First Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Home Phone* \_\_\_\_\_ *Office Phone* \_\_\_\_\_

*Cell Phone* \_\_\_\_\_ *Email Address* \_\_\_\_\_

*Education (Select One):*

*Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19*

*Degree/ Diploma Obtained (Check all that apply):*

*Did not graduate* \_\_\_\_\_ *High School Diploma* \_\_\_\_\_ *Associates Degree* \_\_\_\_\_

*Bachelors Degree* \_\_\_\_\_ *Masters Degree* \_\_\_\_\_ *Doctoral Degree* \_\_\_\_\_

*Field of Study (Bachelor)* \_\_\_\_\_

*Field of Study (Graduate)* \_\_\_\_\_

*Field of Study (Graduate)* \_\_\_\_\_

*Work Experience*

*Current Job Title* \_\_\_\_\_

*Current Employer* \_\_\_\_\_

*Responsibilities:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please describe the area that you have the most experience or the area that you can best help Lives in Transition:*

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*Please list any organizations for which you have previously volunteered:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*What duties did you perform during your time at the organizations listed above:*

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*References:*

*Name* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Name* \_\_\_\_\_ *Relationship* \_\_\_\_\_ *Phone* \_\_\_\_\_

*Please read and sign the attached waiver and discharge of medical obligation and authorization for medical treatment.*

*I remain legally responsible for any personal actions taken while volunteering with Lives in Transition Mentoring and Development group. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Lives in Transition, its officers, directors, employees, agents, employees, chaperones, volunteers, or representatives associated with the organization, from any claim arising from or in connection with my attending the sessions/events or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors, agents, employees, agents, chaperones, volunteers or representatives associated with the organization for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the organization.*

\_\_\_\_\_  
*Signature*

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

