

**VOLUNTEER APPLICATION
FOR TLCC After-School Program**

Name _____

Address _____

Phone _____ Cell _____

Church Affiliation _____

Place of Employment _____

Address _____

Phone _____

Please describe in a paragraph why you would like to volunteer at TLCC'S After-School Program. In what areas do you desire help?

What days would you be available to help? Circle those that apply.

Mon. Tue. Wed. Thurs. Fri.

Please fill out the attached Youth Worker Application form from TLCC. You will be required to attend 2 training sessions prior to beginning to volunteer.