



TIME FOR CHANGE FOUNDATION

VOLUNTEER APPLICATION

The mission of Time for Change Foundation is to empower disenfranchised low income individuals and families by building leadership through evidence-based programs and housing to create self-sufficiency and thriving communities

Since 2002 Time for Change Foundation has been dedicated to helping homeless women and children achieve self-sufficiency by using a strength-based approach to address their needs. Our programs and supportive services help to provide the women and children with the tools necessary to recover from homelessness, drug addiction, family separation, mental and physical abuse, and the effects of incarceration.

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ (HOME) _____ (CELL)

EMAIL _____

NAME OF GROUP YOU REPRESENT _____

NAME OF EMPLOYER _____

JOB TITLE/TFCF STATUS _____

REFERENCES

	Name	Occupation	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

SPECIAL SKILLS (Mark all that apply and circle specifics)

- Clerical Computers (WordPress, Microsoft Office) Writing
 Cooking Cosmetology Teaching Marketing/Social Media
 Tutoring Research Creative (graphic arts, photography)

AREA OF INTEREST (What do you want to volunteer for?)

- Fundraising (Yard sales, annual events)
 Employment Preparation Program (Soft Skills, job training, dress for success)
 Life skills training program (Advocacy, financial management, classes)
 Civic Engagement (Voter registration, elections, phone banking, canvassing)
 Community Volunteer (Health fairs, community events/trainings)
 Mentorship program (One-on-one long-term guidance and support, tutoring)
 TFCF Office support (filing, data entry, research, policy advocacy, website, blog)
 Other _____

AVAILABILITY (Please list hours of availability on each day)

_____	Monday	_____	Thursday
_____	Tuesday	_____	Friday
_____	Wednesday	_____	Saturday

VOLUNTEER COMMITMENT

- Weekly One-time project/event
 Monthly Long Term
 Other (please specify below)

Please share what you hope to bring to Time for Change Foundation that will help TFCF reach its mission of helping individuals and families transition from poverty, homelessness and recidivism to self-sufficiency.

By submitting this form to Time for Change Foundation (TFCF), I understand and agree that the relationship being entered into is one of volunteerism and not employment. There will be no payment or benefits such as those enjoyed by employees of TFCF. I will participate in the Volunteer Orientation which includes a tour of TFCF prior to scheduling volunteer time. I understand that TFCF provides drug free/sober living environments for clients, employees and volunteers.

I release TFCF from all liability and promise to hold harmless Time for Change Foundation and any of its staff, clients and volunteers from any and all claims resulting from any physical or psychological injury, illnesses, damages, or any economical or emotional loss I may suffer due to my volunteerism at TFCF, including any such losses incurred while traveling to, from and during volunteering. I hereby expressly agree to maintain confidentiality of any information (written, verbal, or other form) and all documents obtained or reviewed during my volunteering at TFCF. I understand that any breach of this agreement shall result in immediate termination of duties and/or possible liability in a legal action arising from such breach.

Signature of Volunteer

Date

Signature of Authorized Staff/ Witness

Date

PARENTAL CONSENT FORM

In order for your child to become a volunteer with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like Time for Change Foundation to continue the process of considering your child as a volunteer. Note: This Parental Consent Form must be filled out for all volunteers under age 18.

Name of youth volunteer: _____

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for him/her to serve in that capacity, if accepted by Time for Change Foundation. I understand that he/she will be provided with any training necessary for the safe and responsible performance of his/her duties. I understand that he/she will not receive monetary compensation for the services contributed.

Parent/Guardian Name (print clearly)_____

Parent/Guardian Signature: _____

Relationship to volunteer: _____

Parent Phone:_____ Email_____

Date: _____

Volunteer Signature:_____