



VOLUNTEER APPLICATION

Volunteering can be defined as a way for an ordinary person to contribute to the prosperity of the community through donated time, talent and heart. Volunteers provide, nurture and establish relationships with community organizations and fellow citizens. They go above and beyond what is expected of a person who simply donates their time; they invest in the growth of the organization with a vision to help further the success of the business they partner with. When you volunteer, you give companies/people the freedom to utilize their resources effectively while their mission is realized through the hard work and dedication of its volunteers.

Transitions for Life Foundation suggests that volunteers have at least five years of experience in their prospective field, however exceptions may be made by the Program Coordinator.

Please provide the following contact information:

Applicant's Name: _____

Title / Occupation: _____

Company: _____

Address: _____

Telephone: _____

Email: _____

Preferred method of contact: telephone email

Preliminary Inquiry

1. Reason(s) for wanting to be a Volunteer:
2. Provide a brief summary of your relevant experience: *ie. education, work experience, specialized skills, etc.*
3. Is there a particular area / aspect of education you would most like to work on with a student? If so, please provide details:
4. It is recommended that at least 2 hours each month or 24 hours in one year be set aside for interaction specific to the volunteer relationship. Will it be possible for you to provide this time to the program? ___Yes or ___No
5. If no, please indicate the type / amount of time you could commit in a 12-month period:
6. In response to demonstrated interest by our students, the Transitions for Life Foundation volunteer program will try to match students of underrepresented communities with volunteers of similar background if requested. Do you consider yourself to be a member of an underrepresented group? (if so, please elaborate):

Additional Questions

****if you need additional space for your answer, please use the backside of the application****

1. Do you have any previous volunteer experience? Y__N__
2. Can you commit to participate in the TRANSITIONS FOR LIFE FOUNDATION Volunteer Program for a minimum of one year? Y__N__
If not, how long? _____.
3. Describe your general health. Are you currently under a physician's care of taking any medication? Y__N__ If so, please explain.
4. How would your friends, family, and co-workers describe you?
5. Have you ever been arrested or convicted of a crime? Y__N__ If so, what were the circumstances?
6. Have you ever used illegal drugs or controlled substances? Y__N__
7. Do you drink alcoholic beverages? Y__N__ If so, what and how often?
8. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
9. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
10. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
11. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your volunteering activities, and receive feedback regarding any difficulties during participation in the volunteering program? Y__N__

I understand I must return all of the following completed documents along with this application, and that any incomplete information will result in the delay of my application being processed:

- ✓ **Copy of valid driver's license**
- ✓ **Proof of auto insurance**
- ✓ **Information Release form**

Transitions for Life Foundation is 501C3 non-profit 82-4819087

Information Release Form

I, _____ understand that it will be necessary for Transitions for Life Foundation to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize the Transitions for Life Foundation Volunteer Program to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the volunteering program.

Further, I authorize the Transitions for Life Foundation Volunteer Program to conduct the same investigation of my background in previous states in which I have resided.

I understand that information about myself will be anonymous.

Applicant Signature

Date

Mail application to:

Att: Betti Givens
Transitions for Life Foundation
800 Westport Road
Kansas City, MO 64111
or E-mail or your application to BGivens@transitions4life.net