

Transformation Living Center

Volunteer Opportunities

256942 E. Cty Rd 49, Fairview, OK 73737 Tel 580 227-5008

Transformation Living Center operates on some funding provided by student in the program as well as some income from the work projects we are able to secure and perform. The remainder of the program is funded thru donations of finances, volunteer time, and donated goods. This document describes some to the Volunteer Service Opportunities we are asking for assistance with.

** We would ask you to fill out the information on the "Volunteer Application" and return it so we can have it on file. When a need arises we can contact you and see if your schedule fits the need.

- 1. Transportation** - From time to time we need someone to provide transportation to a medical appointment, court appearance, counseling appointment, or other miscellaneous situation. TLC would provide a vehicle and fuel for the trip. We just need a driver to transport and oversee the appointment.
- 2. Work Project** - From time we may have numerous work projects taking place at the same time. This service would consist of just overseeing 1 or 2 students performing their assigned task and making sure they have supervision and/or transportation when they finish.
- 3. Substituting** – Providing oversight at the facility while the students perform an assigned set of studies or watch a video teaching.
- 4. Teaching** – Presenting program curriculum in a classroom setting.
- 5. Night Supervision** – Providing overnight supervision from 8:00 pm until 8:00 am the next morning.
- 6. Weekend Supervision** – Supervision for students at the facility for several hours during the day on either Saturday or Sunday.
- 7. Church Transportation** – Serving as the driver to transport students to and from a church service or other church function. This may or may not include you to oversee the students while at the event. In some cases staff will be available at the event to provide oversight.

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Volunteer Application

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Please print

First Name..... Last Name

Address..... City/State/Zip.

Telephone..... Social Security #

Date of Birth..... Spouse's Name.....

Personal Information (please circle correct response):

Gender: Male Female

Physical Limitations: No Yes (Please Explain)

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Former work/occupation..... **Most recent employer (optional)**

List previous volunteer experience

Skills (List your skills and indicate proficiency level) Skilled Teaching Amateur

1.....

2.....

3.....

Languages Fluent Read Write

1.....

2.....

Areas you are willing to help in. (circle) Transportation Work Project Substituting

Teaching Night Supervision Weekend Supervision Church Transportation

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

Are you willing to submit to a background check? ___ Yes, ___ No

In an emergency, notify:

First Name..... Last Name.....

Address.....

City/State/Zip..... Telephone.....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

.....
(Signature/Volunteer)

.....
(Signature/Staff)

.....
(Date)