



VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Transitional Housing Corporation!
Please fill out the form below and THC will be in contact with you soon.

Name: _____

Date: _____

Phone: _____

E-mail: _____

Profession/Company: _____

Date of birth*: _____

(*Required only if you are under 18 years old)

Home Address:

Organization/Church/Group that you are member of
and address of group (if applicable):

Emergency Contact: _____

Emergency Contact Phone: _____

Volunteer activities you are interested in:

Please check all that apply.

- _____ YEP* Tuesdays @ Partner Arms II
- _____ YEP Wednesdays @ Partner Arms I
- _____ YEP Thursdays @ Partner Arms III
- _____ Garden Club (spring – summer)
- _____ Reading Club
- _____ Art Club
- _____ Fitness Club (winter)
- _____ Field Trips
- _____ Volunteer Work Days
- _____ Time for Tots

- _____ Tutoring
- _____ Mentoring
- _____ Working with Preschool Age Children
- _____ Working with adults/Life-skills Mentoring
- _____ Adult Basic Education Classes
- _____ Adopt-an-Apartment
(Assisting with move-ins - Saturdays)
- _____ Special Events
- _____ Fundraising
- _____ Administrative Assistance

* YEP: Youth Enrichment Program occurs in evening around 6-8pm

Specific Skills & Interests to offer: _____

Professional Skills: _____

Languages Spoken: _____



How did you learn about Volunteering with THC?

- THC Website THC Newsletter Church: _____
- THC Presentation THC Volunteer Neighbors Project @ GWU
- THC Special Event Website/Volunteer listing: _____
- Other: _____

Volunteer Agreement & Statement of Confidentiality:

I agree to honor and respect the clients who receive services from THC. I understand that during my tenure as a volunteer, I accept the responsibility to keep information private and in confidence.

I agree not to be under the influence of alcohol or illegal substance while volunteering with THC.

I agree to honor my commitment to THC by adhering to all relevant policies and procedures. I will arrive on schedule for my volunteer work or inform the staff if I should be unable to keep my commitment.

I understand that THC routinely photographs, videotapes or otherwise records the efforts of its volunteers, and often uses or authorizes use of such materials for the purposes of publicity, fund raising or other purposes in furtherance of the mission of THC. I agree and irrevocably consent to being photographed, videotaped or otherwise recorded, and further irrevocably agree that THC may cause such materials to be used or published, in whole or in part, in any medium now known or later discovered, without my further notice or consent, with or without identifying me as the subject, and without limitation of invasion or privacy, right or publicity or defamation, for any use and exploitation of my voice or likeness in any such materials.

I, the undersigned, indemnify and hold harmless Transitional Housing Corporation (THC), its officers, employees, and agents, from all liability for any and all risk of property damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer activity in which I participate. I likewise hold harmless from liability any person transporting me to or from any volunteer activity. In addition, THC officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the District of Columbia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read the foregoing release and indemnification and understand the contents thereof.

Signature _____ Date _____

If a volunteer is under 18 years of age, a legal guardian's signature is required alongside the participant's signature. A legal guardian's signature is taken as the guardian's expressed permission to allow their child to volunteer with Transitional Housing Corporation.

Guardian's Signature _____ Date _____

Name of Legal Guardian _____

Please fax this form to (202) 291-0192 or e-mail it to aadams@thcdc.org.
Call Andrew Adams, 202-291-5535 ext 405 if you have questions. Thank you!

Transitional Housing Corporation Liability Release Form



I, the undersigned, or legal guardian thereof, indemnify and hold harmless Transitional Housing Corporation (THC), its officers, employees, and agents, from all liability for any and all risk of property damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer activity in which I participate. I likewise hold harmless from liability any person transporting me to or from any volunteer activity. In addition, THC officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the District of Columbia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read the foregoing release and indemnification and understand the contents thereof.

Signature of Volunteer _____ Date _____

Name of Volunteer _____

If a volunteer is under 18 years of age, the following is required:

Signature of Legal Guardian _____ Date _____

Name of Legal Guardian _____

Legal Guardian Phone Number _____

Address of Legal Guardian

Street _____

City _____ State _____ Zip _____

Transitional Housing Corporation
BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize Transitional Housing Corporation (THC), and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with THC.

I release THC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

Applicant/Employee Name (Print)

Signature

Date

_____-_____-_____
Social Security Number *

Date of Birth *

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for volunteering. THC is an organization seeking to recruit volunteers and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

Printed Name _____

Street Address _____

City, State, Zip _____