



TALLAHASSEE LIVE MUSIC COMMUNITY
CHARITY GROUP, INC.

Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Availability and Interest Areas

When are you available to volunteer? *Check all that apply.*

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings
 For special events Other (*Please specify below*)

What are you interested in helping with? *Check all that apply.*

- Marketing Accounting Board Committee Administrative
 Security Event Volunteer Volunteer Recruitment Public Relations
 Board Member Fundraising Other (*Please specify below*)

Do you have any special skills or certifications?

What is your current occupation?



Do you have any previous volunteer experience? Yes No

If yes, name of the organization. _____

Why do you want to volunteer for TLMC?

How many hours would you like to work each week?

5 10 15 20

Please provide three references.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Background

Do you have a valid state driver's license?

No State of Issuance: _____
 Yes License Number: _____
Expiration Date: _____

Have you ever been convicted of a crime, involved in a lawsuit, claim or criminal charge regarding sexual abuse, sexual molestation or sexual misconduct?

Yes
 No



If Yes, explain:

Do you give TLMC consent to run a background check for the purposes of obtaining information related to criminal history? ____ Yes ____ No

Emergency Contact

In the event of an emergency, who should we contact?

Name: _____

Relationship: _____

Phone Number: _____

Alt Phone: _____

Signature: _____

Date: _____