



# T.O.R.I Volunteer Recruitment Form

Contact: Tonyita Hopkins, Program Coordinator

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NAME

DATE OF BIRTH

GENDER:

MAILING ADDRESS

CITY, STATE, ZIP

OCCUPATION

EMAIL

PHONE

EMERGENCY CONTACT

**Education** (please check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> k-12                | <input type="checkbox"/> Some College      | <input type="checkbox"/> Master's Degree  |
| <input type="checkbox"/> GED                 | <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Doctorate or PHD |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Other _____      |

**T.O.R.I. offers a variety of areas in which you can serve. Please choose the area in which you would like to serve:**

**Class Facilitation/Instruction:** (Please provide resume and certifications)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Life Skills        | <input type="checkbox"/> Anger Management    | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Employment Coaching | <input type="checkbox"/> Parenting Class |
| <input type="checkbox"/> Computer Class     | <input type="checkbox"/> Counseling          | <input type="checkbox"/> Etiquette       |
| <input type="checkbox"/> Male Empowerment   | <input type="checkbox"/> Female Empowerment  |  |
| <input type="checkbox"/> Customer Service   |  |  |

**Additional Opportunities:**

- |   |  |
|---|--|
| <input type="checkbox"/> Administrative/ Clerical Day Support | <input type="checkbox"/> Counseling (Licensure required)             |
| <input type="checkbox"/> Community Resource Services          | <input type="checkbox"/> Case Management (Interns Only)              |
| <input type="checkbox"/> Correspondent Services               | <input type="checkbox"/> Chaplain Services (certifications required) |
| <input type="checkbox"/> Mentor                               | <input type="checkbox"/> Special Events/Community Service Projects   |
| <input type="checkbox"/> Marketing/Media                      | <input type="checkbox"/> Planning                                    |
| <input type="checkbox"/> Fundraising/Grant writing            |  |
| <input type="checkbox"/> Photography/Videography              | <input type="checkbox"/> Other (please specify) _____                |

**Please list and indicate what shift you would be available to serve:**

- Morning                       Afternoon                       Evening

**Please check your days of availability:**

- Sun.     Mon.     Tue.     Wed.     Thurs.     Fri.     Sat.

**Please give details of any previous involvement in volunteer work:**

\_\_\_\_\_

Volunteer Signature

Date