Volunteer Application
Lincoln Training Center is a not-for-profit, 501 (c)(3) organization founded by parents of adults with disabilities. Since 1964, Lincoln Training Center (LTC) has progressed from a small group of parents teaching their sons and daughters simple production work, to an award winning, accredited, non-profit organization helping hundreds of adults with disabilities throughout California find meaningful work.

Today, LTC continues its mission to provide paying work opportunities and job training to adults with disabilities—our clients—through an array of job programs. Approximately 600 adults participate in our programs each year. Our base program, which obtains production, assembly, disassembly and light manufacturing contracts, is fulfilled at our 32,000 square foot production facility.

Our Supported Employment program places eager and qualified workers into community job settings. We are currently contracting with more than 100 off-site employers for jobs that include janitorial, landscaping, inventory control, packaging, retail and clerical.

All participating workers are paid according to their participation and productivity. LTC provides vacation pay, bonuses, workers comp benefits, social activities, work preparedness and transitional training.

We also have an Achievement of Excellence Program that rewards workers throughout the year for their hard work and perfect attendance.

Lincoln Training Center was awarded the 2014 Winning Workplaces award by the Los Angeles News Group. LTC was honored as THE BEST COMPANY TO WORK FOR and the BEST EMPLOYEE TRAINING PROGRAM.

The Mission of Lincoln Training Center is to foster independence and improved quality of life for individuals with disadvantages or developmental disabilities through the maximum effort of the organization’s staff, membership, and volunteers. This will be accomplished through an unqualified commitment to – and delivery of – diverse, high quality programs and services to Lincoln Training Center’s clients, customers, and the community.
Please Print and complete all of the following information

<table>
<thead>
<tr>
<th>PERSONAL INFORMATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ________________________________ (first) ________________________________ (last) ________________________________ (middle initial)</td>
</tr>
<tr>
<td>Home Address ________________________________________________________________</td>
</tr>
<tr>
<td>City __________________ Zip ________________________________</td>
</tr>
<tr>
<td>Home Phone ( ____ )_________________ Business Phone ( ____ )____________________</td>
</tr>
<tr>
<td>E-mail address ____________________________</td>
</tr>
<tr>
<td>Languages you speak other than English __________________________________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON TO CONTACT IN CASE OF EMERGENCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name ________________________________</td>
</tr>
<tr>
<td>Home Phone ( ____ )_________________ Business Phone ( ____ )____________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT EMPLOYMENT:</th>
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</thead>
<tbody>
<tr>
<td>If you currently are not working please list your last place of employment.</td>
</tr>
<tr>
<td>Employer ________________________________________________________________</td>
</tr>
<tr>
<td>Position ________________________________________________________________</td>
</tr>
<tr>
<td>Business Address _________________________________________________________</td>
</tr>
<tr>
<td>City __________________ Zip ________________________________</td>
</tr>
<tr>
<td>Phone ( ____ )_________________ May we contact you at work? ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

2643 Loma Avenue • South El Monte, California 91733-1478 • TEL (626) 442-0621 • FAX (626) 442-0177
Toll-Free (800) 949-4582 • E-Mail: ltcmain@lincolntc.org • Web Site: www.lincolntc.org

Accredited by the Commission on Accreditation of Rehabilitation Facilities • LTC is a 501(c)(3) not-for-profit organization
EDUCATION/PROFESSION

Please describe the education or training you have had.

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

If licensed to practice a profession, please identify the profession and licensing agency.

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Previous Occupation

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Please circle any of the skills listed below which you might be willing to share with us. Use the space provided underneath to give details which you think may be helpful and add any skills not included on the list.

<table>
<thead>
<tr>
<th>Product Development</th>
<th>Manufacturing</th>
<th>Clerical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>Computer Skills</td>
<td>Special Ed.</td>
</tr>
<tr>
<td>Special Events</td>
<td>Speech Therapy</td>
<td>Rehab</td>
</tr>
</tbody>
</table>

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
Please describe any other volunteer work you have done. Include the name of the organization(s).
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

LOCAL REFERENCE:
Name 
Address 
City 
Phone (___)______________________________

COMMUNITY:
Affiliations and/or Activities:
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
Hobbies or Special Interests:
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
What motivated you to volunteer at Lincoln Training Center?
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
How did you hear of Lincoln Training Center?

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

I Certify that all information given in this application is true and accurate to the best of my knowledge.

Signature ______________________________________________________________ Date_______________________________

______________________________
Signature of parent/guardian if volunteer is under 18 years of age

As Lincoln Training Center is a workshop, volunteer hours are available from 7 a.m. to 3 p.m., Monday thru Friday. The exceptions are special events which are held several times a year.

Please read and sign the attached Adult Abuse Reporting form and the Volunteer’s Informed Consent and return these forms to Noreen Baca, Director of Marketing/Development, Lincoln Training Center, 2643 Loma Ave., South El Monte, CA 91733. If you have any questions, please call Lincoln Training Center at (626) 636-2557.
The enactment of AB 238 (Chapter 1164, Statutes of 1985) mandates the reporting of known or suspected abuse against dependent adults. Any person who is employed as a care custodian on or after January 1, 1986 must sign a statement that he or she has knowledge of, and will comply with, the abuse reporting law. Volunteers are to be included.

The law reads as follows:

“Section 15360 of the Welfare and Institutions Code requires any care custodian, health practitioner, or employee of an adult protective services agency or a local law enforcement agency who has knowledge, or within the scope of his or her employment, who he or she knows has been the victim of physical abuse, or who has injuries under circumstances which are consistent with abuse where the dependent adult’s statement indicate, or in the case of a person with developmental disabilities, where his or her statements or other corroborating evidence indicates that abuse has occurred, to report the known or suspected instance of physical abuse to an adult protective service or a local law enforcement agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.”

No volunteer shall work, or continue to work, without signing this document.

Signature ______________________________________________________________ Date__________________________________

Volunteer

____________________________________________________________
Signature of parent/guardian if volunteer is under 18 years of age
I wish to volunteer my services to Lincoln Training Center. I understand that the nature of the volunteer activities may involve physical activity, contact with unfamiliar persons, travel to and from various unspecified locations, and other potential risks of injury. Knowing this, I still wish to volunteer and hereby assume the risk, with respect to any liability of Lincoln Training Center for such risks, of any accident or injury to person or property which I may sustain in connection with my participation as a Lincoln Training Center volunteer or in any Lincoln Training Center related activity. In addition, I hereby release and discharge Lincoln Training Center and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability or responsibility for any such accident or injury.

Understanding that Lincoln Training Center is an organization involved in human services and related matters, I hereby affirm that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

Signature of parent/guardian if volunteer is under 18 ________________________________________________________________

Address ______________________________________________________________________________________________________

Phone _______________________________________________________________________________________________________

E-mail address ________________________________________________________________________________________________