
Volunteer Application



2643 Loma Avenue • South El Monte, CA 91733-1478 • (626) 442-0621 • Fax (626) 442-0177
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LTC AT A GLANCE

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.



VOLUNTEER APPLICATION

Please Print and complete all of the following information

Date _____

PERSONAL INFORMATION:

Name _____
(first) (last) (middle initial)

Home Address _____

City _____ Zip _____

Home Phone (____) _____ Business Phone (____) _____

E-mail address _____

Languages you speak other than English _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____

Home Phone (____) _____ Business Phone (____) _____

CURRENT EMPLOYMENT:

If you currently are not working please list your last place of employment.

Employer _____

Position _____

Business Address _____

City _____ Zip _____

Phone (____) _____ May we contact you at work? Yes No



VOLUNTEER APPLICATION

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.

Product Development

Manufacturing

Clerical

Fundraising

Computer Skills

Special Ed.

Special Events

Speech Therapy

Rehab



VOLUNTEER APPLICATION

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?



VOLUNTEER APPLICATION

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.



DEPENDENT ADULT ABUSE REPORTING

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



VOLUNTEER INFORMED CONSENT

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 _____