

Asbury Student Volunteer Application Form (PLEASE PRINT)

Last Name (please print)	First Name (please print)	Middle Name (please print)
Gender: Male or Female	Student Birthday: Month _____ Day: ____ Year: _____	
Preferred Nickname: _____		

Personal Information: Home Address

Street Address (Please Print)		Apartment Number
City	State	Zip Code

Is anyone else at this address already a volunteer here? No Yes If yes, what is their name _____
 Have you ever served as a volunteer with us before? No Yes If yes, what year? _____

Home Phone	Cell Phone	Email Address
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Emergency Information

Name of Emergency Contact	How is this Emergency Contact related to you?
Home Phone Number of Emergency Contact	Cell Phone Number of Emergency Contact

Student Information

Current Grade Level: <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th Other Grade _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px;">School Name</td> </tr> <tr> <td style="height: 40px;">Hobbies/Talents</td> </tr> </table>	School Name	Hobbies/Talents
School Name			
Hobbies/Talents			

Agency or Organization Referred by:	I Want To Be A Volunteer Because. . . . <input type="checkbox"/> My school requires volunteer experience (Student Service Learning) <input type="checkbox"/> These hours are for my religious organization <input type="checkbox"/> These hours are for the courts <input type="checkbox"/> Personal Satisfaction
Contact/Phone	

References: Please list two people other than relatives who would serve as personal references.

Name	Daytime Phone	Evening Phone
Name	Daytime Phone	Evening Phone

How did you hear about us?	Today's date
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Availability

- Regular Assignment
- Intermittently
- Occasionally

Frequency

- Weekly
- Monthly
- Quarterly

Season

- School Year
- Summer
- ½ days and Holidays

Please enter the days you are usually available. <input type="checkbox"/> Weekends _____ <input type="checkbox"/> Weekdays _____	Please enter the times you are usually available: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings
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What assignments would you be interested in?

<p>Personal Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Personal Services Assistant: Passing ice water to residents in their rooms, reading mail, taking Residents for walks, playing games, visiting, etc. - requires current TB test <input type="checkbox"/> Assistant: help gather for meals, clean up after meals, some office duties including phone answering - requires current TB test
<p>Department Assistants</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recreation: Assist as needed. Help out at the activities programs like bingo, bowling ___ Saturday AM 9:-12 or 1-4PM ___ Saturday ALL DAY 9:-4 ___ Sunday AM 9-12 or 1-4PM ___ Sunday ALL DAY 9-4 ___ Weekdays or Holidays 9:30-12 or 1:00-4:00 or 9:30-4:00 <input type="checkbox"/> Dining Service: Assist in Dining Rooms, busing tables, assisting with seating. Requires current TB test <input type="checkbox"/> Materials Handling: Assist with organizing, cataloging and distributing materials. <input type="checkbox"/> Rehab Department: Transport residents to and from appointments as necessary (Mon through Fri, 9:30 am to 4:00) <input type="checkbox"/> Beauty Shop: Transport residents to and from appointments and do nails (Mon through Fri, 9:30 am to 4:00 pm) <input type="checkbox"/> Ecumenical Service Transport: Sunday AM 9-12 Catholic Service Transport: Sunday AM 9-12 <input type="checkbox"/> Instrumentalists (piano, flute, violin, etc): Please list the instrument you play: _____

Have you ever been convicted of a crime or received a verdict of anything other than "not guilty" in any criminal investigation or proceeding? ___ Yes ___ No
If YES, give details: _____

Have you ever been convicted of a felony or misdemeanor offense, or been dismissed from any previous volunteer position for reasons of abuse to residents or clients? ___ Yes ___ No
If YES, give details: _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand that Asbury will not pay me for my services as a volunteer.

I have received the agency's volunteer personnel policies and I agree to abide by the volunteer personnel policies of the agency. (Applicants receive and review the Volunteer Handbook during Orientation.)

I, hereby authorize Asbury Services, Inc. and/or any of its related entities (hereafter collectively an "Asbury Facility"), to utilize any photographs taken of me performing my volunteer services, on the campus of an Asbury Facility or with residents of an Asbury Facility, in any press release or marketing brochure which the Asbury Facility may publish in any medium, including but not limited to print or electronic mediums.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____