

# Asbury Volunteer Application Form

Last Name	First Name	Middle Name
-----------	------------	-------------

Mr.  Ms.  Mrs.  Miss  Dr.  \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

## Home Address

Street Address	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 ( )	Business Phone ( )	Email Address ( )
-------------------	-----------------------	----------------------

I prefer to receive calls at  Home  Business  Either  I am age 18 or older

## Personal Information

Name of Emergency Contact	Contact Phone Number
Your Birthday (optional) Month:            Day:	Spouses Name (if married)

## Employment Information

I am:  Employed  
 Unemployed  
 Retired  
 Student

Employers Name or School
Occupation/Hobbies

Agency or Organization Referred by:	<input type="checkbox"/> My employer offers a time-off programs for volunteers <input type="checkbox"/> My school requires volunteer experience <input type="checkbox"/> This is for court-ordered service
Contact/Phone	

**References:** Please list two people other than relatives who would be willing to serve as personal references.  
PLEASE GIVE ONLY LOCAL NUMBERS!

Name	Daytime Phone	Evening Phone
Name	Daytime Phone	Evening Phone

**I want to volunteer because.....**

**Reasons you'd like to volunteer...**

- Personal Satisfaction  
 Career Exploration  
 Court Ordered  
 Other \_\_\_\_\_

**How did you hear about us?**

**Today's date**

**Availability**

- Regular Assignment  
 Intermittently  
 Occasionally

**Frequency**

- Weekly  
 Monthly  
 Quarterly

Please enter the days you are usually available.

- Weekends \_\_\_\_\_  
 Weekdays

Please enter the times you are usually available

- Mornings     Afternoons     Evenings

**What assignments would you be interested in?**

Companion Services

- Visitor     Visit with Pet     Visit with Children     Lunch Mate     Move -in Companion

Personal Services

- Delivery Services     Shopping Services     Nail Care     Reading Services     Sewing

Assist Department

- Recreation     Rehab     Laundry     Village Life     Pastoral Care

- Shop Sales     Mail Service     Administration     Other \_\_\_\_\_

Office and Clerical

- Computer     Phone     Collating     Folding Stuffing     Other \_\_\_\_\_

**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 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 the Volunteer Handbook at the interview.)**

**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:** \_\_\_\_\_

**For Office Use Only**

**Assignment:** \_\_\_\_\_ **Reports to:** \_\_\_\_\_

**Interview date:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_