

PLEASE PRINT

Asbury Student Volunteer Application Form

Last Name (please print)	First Name (please print)	Middle Name (please print)
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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 ()	Email Address
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Emergency Information

Name of Emergency Contact		How is Emergency Contact related to you?
Daytime Phone Number of Contact ()	Evening Phone Number of Contact ()	Student Birthday Month: Day: Year:

Present Student Information

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 _____	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
 $\frac{1}{2}$ days and Holidays

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?**Personal Services**

- 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 (we give free)**
 Unit Assistant: help gather for meals, clean up after meals, some office duties including phone answering - **requires current TB test (we give free)**

Department Assistants

- 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
 ___ Wednesdays & Thursdays 4:30-8:30pm
 ___ Weekdays or Holidays 9:30-12 or 1:30-4:30 or 9:30-4:30
- Dining Service:** Assist in Dining Rooms, busing tables, assisting with seating. **Requires current TB test**
 Materials Handling: Assist with organizing, cataloging and distributing materials. **SUMMER ONLY**
 Rehab Department: Escort residents to and from appointments as necessary (Mon through Fri, 9:30am to 4:30)
 Beauty Shop: Escort residents to and from appointments and do nails (Mon through Fri, 9:30am to 4:30 pm)
 Ecumenical Service Escort: Sunday AM 9-12 **Catholic Service Escort:** Sunday AM 9-12
 Pet Visitor: Bring a registered Pet through the Montgomery County Pets on Wheel Program to visit residents of WHCC, Monday-Sunday at your convenience between 8:00 a.m. and 8:00 p.m.
 Instrumentalists (piano, flute, violin, etc): Always looking for people who play an instrument.
 Please list the instrument you play: _____
 Rosborough Wellness Center: Answer phones, schedule appointments, fold towels, etc.

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 Communities, 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: _____