

Asbury Adult Volunteer Application Form

Last Name	First Name	Middle Name
Gender: Male or Female	Birthday: Month _____ Day: _____ Year: _____	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> _____		
Preferred Nickname: _____		
If married, please write spouses name: _____		

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? _____

Personal Information

Home Phone	Business Phone	Email Address
------------	----------------	---------------

I prefer to receive calls at Home Business Either

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

Employment Information

I am: Employed
 Unemployed
 Retired
 Student

Employers Name or Students School	<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
Occupation/Hobbies	
Agency or Organization Referred by:	
Contact/Phone	

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

Name	Daytime Phone (Local Only)	Evening Phone (Local Only)
Name	Daytime Phone (Local Only)	Evening Phone (Local Only)

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

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?

Companion Services

- Visitor Visit with Children Lunch Mate

Personal Services

- Delivery Services Nail Care Reading Services Sewing

Assist Department

- Recreation Nursing Rehab Laundry Pastoral Care

- Mail Service Administration Other _____

Office and Clerical

- Computer Phone Collating Folding Stuffing Other _____

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 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:** _____