

ADULT VOLUNTEER APPLICATION

ASLAN YOUTH MINISTRIES
P.O. Box 270, Red Bank, NJ 07701
(732) 741-7824 fax: (732) 741-3284

(Please Print)

Date: _____

Name: _____

Miss__ Ms.__ Mrs.__ Mr.__

Address: _____

Home Phone: _____

(Number and Street)

Work Phone: _____

(City, State, Zip)

Social Security #: _____

Date of Birth: _____

Email Address _____

New Jersey Driver's License #: _____ (This information is
REQUIRED by our insurance company as you will be transporting a young person in your
vehicle.)

Occupation/Job Title: _____

Employer: _____ How Long? _____

Address: _____ Phone #: _____

Education & Major Fields of Study:

Volunteer Experience & Dates of Service (use reverse for more information):

Current Civic/Fraternal/Service Organizations, clubs, etc. and role you serve:

Interests, skills, hobbies:

Foreign Languages: _____

(Specify)

Speak

Read

Write

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Are you either a U.S. citizen or an alien authorized to work in the United States? _____
Yes / No

Have you ever been convicted of a crime (Other than a Motor Vehicle Violation)? _____
Yes / No

If "yes", please explain: _____

(Conviction will not necessarily disqualify an applicant from volunteer service.
A "yes" answer will not immediately prohibit you from volunteering).

How did you hear about our volunteer program?

PREFERENCE OF VOLUNTEER SERVICE:

- | | |
|-----------------------------------|-----------------------------------|
| _____ Youth Class Teachers | _____ Volunteer Coordinator |
| _____ Mentor / Tutors | _____ Speakers Bureau Coordinator |
| _____ Mentors | _____ Special Projects |
| _____ Basketball/Softball Coaches | _____ Transportation |
| _____ Other _____ | |

In case of emergency, notify: _____
Name Phone Relationship

AUTO INSURANCE: (This information is REQUIRED for all applicants)

Name of Insurance Company: _____

Policy #: _____

Amount of Coverage: _____ Make of Car & Year: _____

New Jersey Registration #: _____

"I certify that the facts contained in this application for volunteer service with Aslan, Inc., are true and complete to the best of my knowledge and I understand that, if accepted as a volunteer, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you."

Signature: _____ **Date:** _____

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Supplement Sheet for Addresses

In the event that you have been living at the address provided, in the previous pages of the Application Form, for less than seven (7) years, it is requested that you furnish the following information as part of the application.

Dates: _____

Address: _____
(Number and Street) (City, State, Zip)

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Signature: _____ **Date:** _____

**Authorization to Investigate and Verify
Personal Background Information**

READ CAREFULLY BEFORE SIGNING

I voluntarily and knowingly authorize for volunteer purposes only, any law enforcement agency, state agency, federal agency, to give record or information they may have concerning my criminal history, and any other information requested to Personal Security Inc. and/or its agents and representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. in compliance with the 1990 Americans with Disabilities Act, a worker compensation search may only be requested when a conditional job offer exists.

I understand and agree that any misrepresentation or omission made by me regarding my application or any supplement hereto will be sufficient grounds for immediate termination.

Signature: _____ Date: _____

Print Name: _____

THE FORM ABOVE MUST BE SIGNED BY APPLICANT

Complete below if the applicant has lived in any of the following states:

Colorado Georgia Pennsylvania Virginia

I _____ authorize the State of

____ Colorado ____ Georgia ____ Pennsylvania ____ Virginia to release my driving record to Personnel Security, Inc (PSI) and /or its agent.

Signature: _____ Date: _____

VOLUNTEER REFERENCE – CONFIDENTIAL REPORT

Applicant Instructions: Please fill out the top portion of this page and give to three references not related to you, whom you have known for at least 1 year.

DATE: _____

APPLICANT: _____

VOLUNTEER AGENCY: ASLAN YOUTH MINISTRIES

VOLUNTEER POSITION: _____

Reference Instructions: The above applicant is interested in doing volunteer work with our agency and has given your name as a reference. Would you please be so kind as to fill it out and return it to our office? ASLAN Youth Ministries, P.O. Box 270, Red Bank, NJ 07701

GENERAL QUESTIONS

1. How long have you known the applicant? _____

2. Do you consider the applicant to be honest? Yes ___ No ___

3. Do you consider the applicant to be a person of good character who will convey traditional moral values to a child with which he or she works? Yes ___ No ___

4. Do you believe the applicant will work well with others? Yes ___ No ___

5. Do you have any reservations in recommending the applicant for the volunteer position of mentor/tutor counselor? No Reservations ___
Reservations ___

COMMENTS (please use reverse for additional information):

SIGNED: _____ **DATED:** _____

PRINTED NAME: _____

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