



Ash Tree Organization, Inc.

Volunteer Application

PERSONAL INFORMATION

Date: _____ / _____ / _____ Male Female Age Group: 8-12 13-17 Over 18

Name: _____
Last
First
MI

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Cell Phone: (_____) _____ Fax: (_____) _____

Home Email: _____ Business Email: _____

Best way to reach you: _____ Best time(s) to reach you: _____

EMPLOYMENT

Current Employer/Retired From: _____

Street Address: _____ Title/Position: _____

City/State/Zip: _____ Phone: (_____) _____

Full-time Part-time Unemployed Retired Seasonal Internship/Work Study Other

EDUCATION

Name and Location Completed?	Date to be Completed:
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High School/GED: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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College/University: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Special Training (business, vocational, technical, etc.): _____

Are you presently attending school? Yes No Name of School: _____

Will you be receiving academic credit for your volunteer work? Yes No

EMERGENCY CONTACT

Name: _____ Relationship: _____

Street Address: _____ Home Phone: (_____) _____

City/State/Zip: _____ Business Phone: (_____) _____

HOW DID YOU LEARN OF THE ASH TREE ORGANIZATION, INC. AND ITS PROGRAMS?

Newspaper _____ Internet _____

Radio, TV _____ Another Ash Tree Volunteer _____

School _____ An Ash Tree Staff Member _____

Other _____ I am a client/former client _____

ADDITIONAL INFORMATION

Valid Driver's License: _____ Are you on any medication or antibiotics? Yes No

Is there any physical or medical condition, which would affect the kind of work you can do? Yes No

EXPERIENCE/BACKGROUND

Do you currently participate in any clubs or organizations? _____

Have you ever served as a volunteer before? Yes No If yes, where? _____

Do you have any other relevant experience that you would like us to know about? _____

Have you ever been convicted of a crime and/or felony or misdemeanor? Yes No If yes, please specify: _____

POSITION/AVAILABILITY

If you are applying for a specific program, please specify: _____

What type of volunteer work do you prefer? Working with Clients Clerical Special Events
 Other (specify): _____

What is your availability? Weekday (M-F) Weekday Evening (5:30-8 p.m.) Weekend (Sat.-Sun.)
 Early 7:30-12 p.m. Noon 12-5:30p.m. Full Day 9-5 p.m.

REFERENCES

Please provide one friend and one work or school related reference with COMPLETE ADDRESSES. If you are under 18, both references must be school, church, volunteer, or work related. Reference check forms will be mailed to the names you have provided.

REFERENCE #1:

Name: _____ Relationship: _____
Street Address: _____ Home Phone: (____) _____
City/State/Zip: _____ Business Phone: (____) _____

REFERENCE #2:

Name: _____ Relationship: _____
Street Address: _____ Home Phone: (____) _____
City/State/Zip: _____ Business Phone: (____) _____

By signing below, I give my permission to check the references I have listed and verify that in answering the above questions, I have provided accurate and complete information.

Applicant Signature: _____

Applicants under the age of 18 must have this application signed by a parent or guardian.

This applicant has my permission to volunteer at the Ash Tree Organization, Inc..

Parent or Guardian Name (please print): _____ Date: _____ / _____ / _____

Parent or Guardian Signature: _____

The Ash Tree Organization, Inc. Volunteer Skill Survey

Please check up to **five** areas in which you would be interested in volunteering. Next to each area indicate your level of knowledge or experience using the following rating scale:

- 1 = Learner** (I have no knowledge or experience, but am interested in learning this skill.)
- 2 = Beginner** (I have limited or out-of-date knowledge or experience in this area.)
- 3 = Competent** (I have a good basic knowledge and have up-to-date experience in this area.)
- 4 = Expert** (I am highly knowledgeable and have up-to-date experience in this area.)

Skill Area	Skill Level (circle one)	Skill Area	Skill Level (circle one)
1. SUPPORT SERVICES/CLERICAL WORK		<input type="checkbox"/> Other: _____	1 2 3 4
<input type="checkbox"/> Data Entry	1 2 3 4	5. SPORTS AND RECREATION	
<input type="checkbox"/> Reception Desk	1 2 3 4	<input type="checkbox"/> Aquatics/Swimming	1 2 3 4
<input type="checkbox"/> Guest Services	1 2 3 4	<input type="checkbox"/> Basketball	1 2 3 4
<input type="checkbox"/> Telephone Work	1 2 3 4	<input type="checkbox"/> Cycling	1 2 3 4
<input type="checkbox"/> Word Processing	1 2 3 4	<input type="checkbox"/> Day Camps (Summers Only)	1 2 3 4
<input type="checkbox"/> Other: _____	1 2 3 4	<input type="checkbox"/> Fishing (Summers Only)	1 2 3 4
2. CREATIVE ARTS		<input type="checkbox"/> Martial Arts	1 2 3 4
<input type="checkbox"/> Arts & Crafts	1 2 3 4	<input type="checkbox"/> Recreational Outings	1 2 3 4
<input type="checkbox"/> Creative Writing	1 2 3 4	<input type="checkbox"/> Soccer	1 2 3 4
<input type="checkbox"/> Painting	1 2 3 4	<input type="checkbox"/> Softball	1 2 3 4
<input type="checkbox"/> Other: _____	1 2 3 4	<input type="checkbox"/> Tennis	1 2 3 4
3. TECHNICAL		<input type="checkbox"/> Track and Field	1 2 3 4
<input type="checkbox"/> Carpentry/Woodworking	1 2 3 4	<input type="checkbox"/> Coach: Sport	1 2 3 4
<input type="checkbox"/> Computer Instruction/Tutoring	1 2 3 4	<input type="checkbox"/> Official: Sport	1 2 3 4
<input type="checkbox"/> Graphic Design	1 2 3 4	<input type="checkbox"/> Other: _____	1 2 3 4
<input type="checkbox"/> Web Page Design	1 2 3 4	6. MEDICAL REHABILITATION	
<input type="checkbox"/> G.E.D. Instructor	1 2 3 4	<input type="checkbox"/> Fitness Center	1 2 3 4
<input type="checkbox"/> Life Skills Instructor	1 2 3 4	<input type="checkbox"/> Occupational Therapy	1 2 3 4
<input type="checkbox"/> Job Readiness Instructor	1 2 3 4	<input type="checkbox"/> Speech Therapy	1 2 3 4
<input type="checkbox"/> Metal Work	1 2 3 4	<input type="checkbox"/> Yoga	1 2 3 4
<input type="checkbox"/> Photography	1 2 3 4	<input type="checkbox"/> Other: _____	1 2 3 4
<input type="checkbox"/> Yard Maintenance	1 2 3 4	7. VOLUNTEERING WITH	
<input type="checkbox"/> Handyman	1 2 3 4	<input type="checkbox"/> School/Youth	1 2 3 4
<input type="checkbox"/> Serving Lunch:	1 2 3 4	<input type="checkbox"/> Adolescents	1 2 3 4
<input type="checkbox"/> Offsite Driver/Delivery	1 2 3 4	<input type="checkbox"/> Adults	1 2 3 4
<input type="checkbox"/> Academic Istr. Other: _____	1 2 3 4	<input type="checkbox"/> Other: _____	1 2 3 4
<input type="checkbox"/> Other: _____	1 2 3 4	8. CATEGORY	
4. LEADERSHIP/PUBLIC RELATIONS		<input type="checkbox"/> Intern	1 2 3 4
<input type="checkbox"/> Public Speaking	1 2 3 4	<input type="checkbox"/> Group	1 2 3 4
<input type="checkbox"/> Special Events/Event Planning	1 2 3 4	<input type="checkbox"/> Adult	1 2 3 4
<input type="checkbox"/> Informational Tour Guide	1 2 3 4	<input type="checkbox"/> Under 18	1 2 3 4
<input type="checkbox"/> Adult Literacy	1 2 3 4	<input type="checkbox"/> Training	1 2 3 4
<input type="checkbox"/> Youth Literacy	1 2 3 4	<input type="checkbox"/> Service Learning	1 2 3 4
<input type="checkbox"/> Mentor for Youth	1 2 3 4	<input type="checkbox"/> Other: _____	1 2 3 4
<input type="checkbox"/> Victim Advocate	1 2 3 4		

PLEASE RETURN COMPLETED APPLICATION TO:

Ash Tree Organization, Inc
 Attn.: Volunteer Staff
 2512 Habersham St.
 Savannah, GA 31401

**FOR OFFICE USE ONLY
 ASSIGNMENT**

Date interviewed: _____ / _____ / _____

References mailed: _____ Start date: _____ / _____ / _____

Parental permission HIPAA Activity: _____

Academic service Intern Program/Activity Interests: _____

Orientation date: _____ / _____ / _____ Background Check Complete? Yes No