



The Power of an Hour

Three Rivers Area Mentoring
25 Railroad Dr
Three Rivers MI 49093
PH: 269-278-8726

TRAM ASP Volunteer Application

Name: _____ Date of Birth _____
(Full legal Name Including Middle Name)

Address: _____ City _____ State _____

Zip code _____ Cell Phone _____ Work/Alternative _____

Email _____ Driver's License _____

Employer: _____ Job Title _____

Work Address _____ City _____ State _____

List any previous experience working with young people and/or children? _____

List your hobbies and interests. _____

List any talents or skills you'd be willing to share with the students? (i.e. face painting, musical instrument, counted-cross stitch, etc.) _____

List subjects you'd be willing to offer homework assistance with. _____

Why would you like to be a TRAM volunteer? _____

Days Available How many hours per week? _____ Schedule Details?

Mon. Tues. Wed. Thurs. Fri. ASP Events? _____

I understand that I will be working with children between 2nd and 8th grades and realize that I must be conscientious of my actions, as I am a role model. Since this is a commitment, I will be responsible and contact the TRAM office at least 24 hours in advance (if at all possible) if I am unable to assist on my scheduled day or at my scheduled time. I agree to all of the conditions stated above and do confirm that I have not nor am I presently engaged in any activities of a criminal nature. I also grant permission to TRAM to check with appropriate authorities (courts, youth agencies, police and department of motor vehicles) upon matters of record regarding my background or history.

Printed Name _____

Signature: _____

Date: _____

References

References: Please provide three references not related to you who you have known for at least 2 years. If you have worked with children prior in a professional/volunteer role, please provide a reference relating to that experience. I.e. Coworker, supervisor. By supplying this information, you are granting us permission to contact the individuals listed.

Name: _____ Employer: _____

Home Phone: _____ Work Phone _____ Email _____

Name: _____ Employer: _____

Home Phone: _____ Work Phone _____ Email _____

Name: _____ Employer: _____

Home Phone: _____ Work Phone _____ Email _____

Expectations of a volunteer:

- Participate in an in-person interview/orientation session.
- Show up on-time when scheduled to assist in the ASP.
- Notify the ASP Director if you can't make it.
- Complete an evaluation of your experiences at the end of the school year.
- Keep in touch with TRAM office staff. Return ALL phone calls from TRAM.
- Attend at least 1 training session during the year. (Invites will be sent as they are scheduled.)
- Always fill in the log book at the ASP site every time you volunteer.

Signature: _____ Date: _____