



Volunteer Application: Students

DATE: _____
NAME: _____ **DOB: (M/D/YR):** _____
PHONE: _____ **EMAIL:** _____

Would you like to join our e-newsletter? Yes No

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
 PHONE: _____

Please list any medical conditions that we should be aware of _____

EDUCATION: Where do you go to school? _____

What is your current level of education? _____

Do you need volunteer hours for school credit? Yes No

If yes, how many hours? _____

When do you need to complete the hours by: _____

AVAILABILITY: (AIM's business hours are Monday-Thursday 8am-4 pm and Fridays 8am-2 pm)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mornings					
Afternoons					

VOLUNTEER OPPORTUNITIES: Check what interests you for placement

- Front Desk Building/Grounds Maintenance Assisting with Marketing Materials
 Special Events Counting/Sorting Donations Phone Support/Scheduling

Please Read and Initial each statement and Sign Below:

_____ I will hold all information regarding AIM clients with utmost confidentiality.

_____ I hereby authorize and give full consent to AIM to publish all photographs/videos of myself for the purposes of promoting AIM. I further agree that AIM may use the photographs/video without limitation or reservation.

_____ I agree to notify AIM staff within 24 hours of any accident that occurs during my volunteer service.

_____ I indemnify and hold harmless AIM (Anderson Interfaith Ministries), its employees and agents from any and all liability in connection with any injury or damage I may incur in these activities. I assume responsibility for my own safety.

I HAVE COMPLETED AND REVIEWED THIS ENTIRE FORM AND ATTEST THAT THE INFORMATION PROVIDED IS TRUE. ADDITIONALLY, I UNDERSTAND THAT CERTAIN VOLUNTEER POSITIONS MAY REQUIRE THE COMPLETION OF A CRIMINAL BACKGROUND CHECK.

Signature: _____ **Date:** _____

Parental Signature if under 18: _____



AIM

Accept. Inspire. Minister

Please Return Completed Form To:

Sara Alexander, *Special Events and Volunteer Coordinator*

FOR OFFICIAL USE ONLY:

Interview (Date): _____

Orientation Attended (Date): _____

Assignment: _____

Background check Start Date: _____

Post Office Box 1136, Anderson, SC 29622

Phone: (864) 965-9082 Fax: (864)225-0349

Email: Sara.Alexander@aimcharity.org

For more information about AIM or to donate please visit aimcharity.org