



Please mail completed form to:
 Ables Recreation Association, Inc.
 P.O. Box 616
 Smyrna, TN 37167

Or email to: contact@ablesinc.org

Volunteer Application

The ABLES would like to thank you for your interest as a volunteer in our programs and services for the handicapped. To help us know where you would like to help, please complete the information below.

General Information

Name: _____ Phone: _____
 Last First Middle

Social Security Number: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Are You Currently Employed: Yes: _____ No: _____

If Yes, where? _____ City: _____ State: _____

Are You Currently a Student: Yes: ___ No: ___ If Yes, Where: _____

Do You Have a Valid Tennessee Driver's License: Yes: _____ No: _____

Previous Work Information

List All Previous Volunteer Work

Name of Organization	Position Held	Director	Phone Number

List All Current and Previous Employers

Employer	Position Held	Personnel/ Manager	Phone Number

How did you hear about the ABLES Recreation Association? _____

Why are you interested in volunteering with the ABLES? _____

What areas are you interested in?

- T-Ball Swimming Fundraising
 Field Trips Bowling Crafts/ Others

List any hobbies, interests, and special skills: _____

Have you ever been refused a bond? _____ Have you ever been convicted of a felony? _____

If Yes, to any above, explain: _____

References

Name	Address	Phone	Occupation

In case of emergency, I hereby give permission to the physician and clinic/hospital selected by the ABLES staff or director to secure proper treatment, standard with all accepted medical procedures. I understand the risks involved in the participation of activities and programs of the ABLES Recreation Association and I accept full responsibility for my child's participation in those activities.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years old): _____

I hereby give permission for photographs and film footage to be used in promotional activities and/or the public relations associated with the ABLES including the ABLES web site and Facebook page.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 years old): _____

TEN COMMANDMENTS OF A TEEN VOLUNTEER

1. THE ABLES PARTICIPANT'S SOCIALIZATION SHOULD BE YOUR FIRST PRIORITY.
2. YOU ARE RESPONSIBLE FOR THE PARTICIPANTS' ENJOYMENT AND SAFETY.
3. IF MORE THAN ONE TEEN IS ASSIGNED TO A PARTICIPANT, YOU MUST SHARE RESPONSIBILITY.
4. **NEVER** LEAVE THE PARTICIPANT UNATTENDED.
5. DON'T CHANGE PARTICIPANTS WITHOUT PERMISSION.
6. CALL IF YOU CANNOT ATTEND WHAT YOU SIGNED UP FOR.
7. DURING TRANSPORTATION, YOU ARE TO COMPLY WITH ALL SAFETY RULES OF THE BUS DRIVER.
8. SIBILING VOLUNTEERS ARE WELCOME, BUT MOST ROTATE WITH ALL PARTICIPANTS.
9. ALL FORMS MUST BE SIGNED BY TEEN AND PARENT BEFORE TEEN IS ALLOWED TO PARTICIPATE.
10. FAILURE TO COMPLY WITH THE RULES WILL RESULT IN TWO VERBAL WARNINGS AND THE THIRD WARNING IS FINAL DISMISSAL.

THESE RULES APPLY TO ALL OUR ACTIVITIES BUT ESPECIALLY FIELD TRIPS.

PARENT SIGNATURE: _____ DATE: _____

TEEN SIGNATURE: _____ DATE: _____

Parents of teen volunteers:

You have read the **TEN COMMANDMENTS OF A TEEN VOLUNTEER** and we want you to know that every effort is made to keep your teen safe at the bowling lane, ball field, and on field trips. We hope they will have an enjoyable experience as well as a learning experience.

We appreciate your teen's help and could not provide the social experience to the ABLES participant without your teen. Adult volunteers are always around to answer questions, help shape appropriate behaviors, stand in when your teen needs to leave the ABLES participant for some reason, and help with any emergencies.

Your teen is only to bring money for any extra food they may require or for any souvenirs. We try to always pick up the bulk of the cost for field trips for your teen as well as the ABLES participant. Your teen will be asked to rotate from day to day so they can learn about all disabilities and so they do not always have a challenging situation day after day.

Your teen will be working with the 4-18 years of age participants. Our adult participants are supervised by adult volunteers. Your teen will be asked to sign in our log book so that we can track their volunteer hours. It is important that they keep accurate account of all volunteer hours (not just ABLES) for scholarship opportunities. We suggest they have a special notebook to keep up with this information: date, amount of time and what the volunteer activity was.

If you have any questions, please ask one of the adult volunteers and they will refer you to the appropriate person if they cannot answer the question. We hope you are proud of your teen and tell them so, for this is a unique opportunity and they do work hard. Hopefully, they will learn something along the way and enjoy the experience.

PARENT SIGNATURE: _____ DATE: _____

TEEN SIGNATURE: _____ DATE: _____