

Cohasset Appalachia Service Project

## **Adult Advisor Form**

**ASP 2012**

### **EXPECTATIONS:**

#### **BEFORE THE TRIP**

To attend advisor meetings, one approximately every month.

To mentor 4-5 teens throughout the year. (Involves fundraiser reminders and supervision, workshop and meeting reminders, tracking of meeting attendance, fundraiser and service hours and follow up on items due)

To participate and share leadership in each of the spring workshops.

All Advisors are asked to solicit stock sales.

#### **ON THE TRIP**

To oversee and encourage, with an adult partner, a 7-member work crew

At all times on the trip, from departure to return, to be responsible for the shared oversight and supervision of all our teenagers.

### **DUE WITH YOUR REGISTRATION FORM:**

**\$200 REGISTRATION FEE PAYABLE TO “COHASSET ASP”**

**A COPY OF YOUR DRIVER’S LICENSE**

**RETURN TO:** Cohasset ASP, c/o 2<sup>nd</sup> Cong. Church, 43 Highland Ave., Cohasset, MA 02025  
(or drop through mail slot in front of church)

# **THANKS FOR VOLUNTEERING !!**

Cohasset Appalachia Service Project

**Adult Advisor Form**

ASP 2012

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Where you attend Worship \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Driver's License Expiration date\* \_\_\_\_\_

CENTER CHOICE 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

**\* required for ALL drivers**

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**AUTHORIZATION AND REQUEST FOR  
CRIMINAL RECORDS CHECK**

I, \_\_\_\_\_, hereby authorize Cohasset Appalachia Service Project (CASP) and The Second Congregational Church (SCC) of Cohasset to request Cohasset Police Department, or any entity chosen by CASP or SCC specifically for conducting this search, to release information regarding any record or charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police department and other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Applicant's Full Name \_\_\_\_\_

Print all other names that have been used by the applicant (if any) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Place of Birth \_\_\_\_\_