

COHASSET ASP 2012
REGISTRATION FORMS AND CONTRACT

DUE FOR REGISTRATION:

1. **Regular Registration fee = \$250**
Note: Take advantage of our REDUCED fee. Registration fee = \$175 if received before midnight October 1st. (Postmarked or put in SCC Mail Slot)
2. Each volunteer is also expected to sell \$600 in stock (opportunity to write and mail letters will be provided at October meeting)
3. The contract, on page 2, signed by BOTH Teen Volunteer and Parent.
4. Completed Teenage Volunteer Registration Form & Parent Information Form (or Advisor Registration Form if parent is going on trip).
5. Return all forms with registration fee (cash or check payable to “Cohasset ASP”) to: CASP, c/o Second Congregational Church, 43 Highland Avenue, Cohasset, MA 02025 (may be dropped through front mail slot any time).
6. PARENTS WHO WILL BE ADVISORS’ NOTE: You only need to submit Advisor Registration form with Registration Fee. There is no need to fill out Parent Information Form.

BOTH FULLY COMPLETED FORMS & CHECK are required before you can be officially registered. Incomplete registrations will delay entry into the program.

ASP VETERANS - WE NEED YOUR HELP: (you will receive service hour credits)

YES, I _____, would be willing to help spread the word about ASP by joining ASP’s “Speakers Bureau” (participating in religious services, at Rotary, etc). You will be contacted when opportunities arise.

All registrations received AFTER October 1st will need to include the regular registration fee of \$250

COHASSET ASP 2012

Contract

Participating in the Appalachia Service Project is a wonderful missionary experience that builds awareness, responsibility and community spirit.

Each year we receive permission from ASP, Inc. for our continued involvement and that depends, in part, on our previous year's conduct. We want each parent and volunteer to understand the basic ASP regulations prior to committing to this project.

Volunteers AND Parents, please place a check mark in the boxes by each statement indicating you have read, understand and agree to its intent and then sign below. Note: "I" refers to the teenage volunteer. Parent's checkmark indicates that the parent is aware of these expectations.

- | Teen | Parent | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that participation in ASP requires a year-long commitment. I agree to participate in all fundraisers, service hours and workshops unless my absence is pre-approved and make-up hours are completed in a timely fashion. |
| <input type="checkbox"/> | <input type="checkbox"/> | I will abide by each of the following ASP rules: No drug or alcohol. No sexual harassment. I will follow center guidelines, including lights out & quiet time, proper attire and any other guidelines that may specifically apply. I will fully participate in all center activities: meals, gatherings, devotions, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | I agree to cooperate fully with center staff and all adult advisors. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that this is a work project, that adequate rest and mutual respect are essential for safety reasons and for the accomplishment of our best efforts in helping those in need. |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that failure to abide by these guidelines could result in ASP, Inc. refusing Cohasset ASP's future participation. Inappropriate behavior will be addressed immediately and, if uncorrected, could result in the volunteer being sent home at the parent's expense. |

Teen Volunteer Signature

Parent/Guardian Signature

VOLUNTEER STATEMENT OF INTENT (Why do you want to go on the ASP trip? What can you contribute? What do you hope to receive? Etc.) (20-50 words)

COHASSET ASP 2012
Teenage Volunteer

REGISTRATION FORM

Teen Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Cell phone Carrier _____

Teen Email _____ Birth Date _____

Where you attend Worship _____

Preferred method (s) of Teen contact : (check as many as apply)

- Facebook Email Text Message on Cell (need cell phone carrier above) US Mail

PLEASE FRIEND COHASSET ASP ON FACEBOOK SO THAT WE MAY EASILY COMMUNICATE WITH YOU

ASP 2012

Teen Name: _____

Grade: 9 10 11 12

Gender: M F

ASP Veteran: Yes No

School you attend: _____

Your Phone: _____

List either 4 friends or the center leader you would like to be with. Remember, there are no guarantees where you will be placed.

- Place me wherever needed.

Cohasset Appalachia Service Project
PARENT INFORMATION FORM
(not required of parents going on trip as advisors)
ASP 2012

Parent's Name(s) _____

Home Phone _____ Cell Phone _____

Email _____

Preferred method of contact Email US Mail

WE NEED YOUR HELP

Cohasset ASP is a full-time, 9 month commitment! To enable us to spread out the work load and supervision of the various fund-raisers, we ask that at least one parent per teenager help us with one of the following events

PLEASE RANK (1-3) your top three choices of events you would like to help supervise, #1 being your first choice.

- | | | |
|-------|------------------|---------------------|
| _____ | Village Fair | Dec 2 & Dec 3, 2011 |
| _____ | Rotary Road Race | April 1, 2012 |
| _____ | Golf Tournament | Spring 2012 |
| _____ | Arts Festival | June 2012 |

You will be contacted 4-6 weeks in advance of your assigned event concerning the planning meeting for that event

COMMENTS, QUESTIONS, SUGGESTIONS, CONCERNS, ETC. Please use this space to share with us anything we may need to know about your teen that will help us to make ASP a safer and more enjoyable experience for everyone. All information received will be held in strict confidence.
