



2012 APPLICATION AND INSTRUCTIONS

Requirements [PLEASE READ CAREFULLY BEFORE APPLYING]

ASTEP has specific training requirements per program. Further information will be provided upon acceptance. Those who are accepted will also receive an ASTEP Volunteer Training Manual that is required reading and includes program specific material. Upon completion, every volunteer must sign an ASTEP Volunteer Contract.

Volunteer applicants must be at least 18 years of age (21 years old for international programming).

Accredited professional reference required (form included). *Reference from a family member or friend will not be considered. Completed reference forms should be placed in an envelope, sealed, signed by reference, and attached to application.*

Applicant must be able to provide proof of past or present attendance or enrollment in at least one artistic course/arts education program or proof of professional performance experience.

Applicants for Shanti Bhavan must have academic teaching experience to apply for the Shanti Bhavan program. Academic teaching experience suggests time spent in a classroom with 20+ students implementing curriculum in Math, Science, Language, or History and experience managing classroom behavior.

Application process

1. Applications are accepted on a continued, ongoing, first come first serve basis. We suggest submitting your applications in advance of the deadline as volunteer positions are limited. Applicants will be notified via phone or e-mail upon receipt of application.
2. The applicant will receive a placement survey that they will need to complete prior to the interview. An interview will be scheduled after the survey has been returned.
3. In the interview, ASTEP will inform the applicant of placements that most appropriately fit their experience level and skill set.
4. The applicant will then be provided with a manual and scheduled for a training session. After receiving the training, the applicant's placement is confirmed. **PLACEMENT IS NOT CONFIRMED UNTIL THE TRAINING IS COMPLETED.**

Important issues to consider while applying

The work load as an ASTEP volunteer is demanding and requires very long hours. These experiences are in no way similar to other popular artist trips in the field. ASTEP recruits volunteers with the understanding that at one point in time, due to a variety of unpredictable situations, you will be uncomfortable; whether it is food, conditions, time, culture, etc. Please ask yourself – can you handle this?

Personal stress management is important when working in the field. Please take time to consider how you handle yourself in stressful situations and if this could impact how you work with children.

ASTEP volunteers are prohibited from engaging in the following behaviors and activities while on ASTEP's property or our partner's property: Smoking – Alcoholic Beverages – Illegal Drugs. *No one is permitted under the influence of alcohol or any illicit drugs. ASTEP has a zero tolerance policy while on-site. No exceptions.*

More than often, the children participating in ASTEP's programs have experienced extreme circumstances. Whether it is domestic and/or sexual violence and/or abuse, imprisonment, loss of immediate family/friends or being a victim of, or directly affected by racism or HIV/AIDS, these children are in crisis. Seeing this first hand can be a shocking emotional experience – please carefully consider how you may deal with these feelings before applying.



2012 APPLICATION

Legal Name:	Alias/Nick Name(s):
Current Address:	Permanent Address (if different):

Phone:	Date of Birth:
Mobile:	Social Security #:
Email:	

Are you a U.S. Citizen? Yes No If no, please list country of origin:

Do you have a valid US Passport? Yes No Passport #:

Do you have a Driver's License? Yes No Driver's License #:

Would you feel comfortable driving a multi-passenger vehicle? Yes No

How did you hear about ASTEP?

If from a friend or colleague please list their name here:

Have you volunteered for ASTEP before? Yes No

If so, which program and what year?

Education History

High School: Years Attended:

Undergraduate Education: Years Attended:

Major: Minor:

Graduation Date: Degree:

Graduate Education:

(Please attach photo-copies of professional licenses or certifications)

What is your first language?

Do you speak any other Languages?: Yes No

Language(s): Level of fluency:

Do you hold any certifications?: (i.e. CPR, First Aid, Life Guarding) Yes No

Describe:

Arts Education/Experience/Training

(Paperwork is needed to prove validity of training. Please attach ONE copy of a degree, acceptance letter, performance program bio, letter from teacher/mentor, etc.)

Artistic Specialization (i.e. dance, music, painting etc.):

Briefly describe any arts training you have received:

Time dedicated to training:

Are you currently pursuing your art form professionally? Yes No

Employment History

(Please feel free to attach a current resume)

Present Employer (Company):

Your Position:

Address:

Supervisor's Name:

Employed Since:

Phone:

Past Employer (Company):

Your Position:

Address:

Supervisor's Name:

Employed From:

To:

Phone:

Teaching Experience

Where did you teach?

Grade Level/Age Range:

Nature of work:

Do you have the ability to teach an academic subject? Yes No

If yes, what subject:

Have you worked in a classroom setting with 20+ students before? Yes No

If yes, in what capacity:

Have you created a curriculum before? Yes No

If you have a sample curriculum or lesson plan, please feel free to attach it to the application.

Teaching reference name:

Telephone number:

Relation to reference:

Volunteer/Community Service Experience
(Please feel free to attach additional sheets)

1. Organization: _____ City: _____ State: _____

Phone: _____ Your Position: _____ Time Period: _____

Nature of work: _____

2. Organization: _____ City: _____ State: _____

Phone: _____ Your Position: _____ Time Period: _____

Nature of work: _____

*All information will be held confidential unless specified otherwise.
Artists Striving To End Poverty does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, height, weight, physical or mental ability, veteran status, military obligations, marital status or favorite color.*

1. On a scale of most important to least important (1-5), please list your top most priorities in your life, right now, thus so far.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

2. Why do you want to volunteer with ASTEP?

3. What do you think will be the most difficult aspect of this volunteer experience?

4. How are you planning to fundraise and support yourself financially while volunteering?

5. List 3 of your STRENGTHS.

1. _____

2. _____

3. _____

6. List 3 of your WEAKNESSES.

1. _____

2. _____

3. _____

7. Aside from the arts component what other aspects of ASTEP programming are of interest to you? (Check all that apply)

- | | | | | | | |
|---|--|--|--|--|--|---|
| <input type="checkbox"/> HIV/AIDS awareness & education | <input type="checkbox"/> Working with Special Needs children | <input type="checkbox"/> Racial Discrimination awareness & education | <input type="checkbox"/> Working with refugees | <input type="checkbox"/> Gender Equality | <input type="checkbox"/> Foreign Cultural Dynamics | <input type="checkbox"/> Teaching Academics |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Health Education | <input type="checkbox"/> Mentorship | <input type="checkbox"/> Environment | <input type="checkbox"/> Women's Empowerment | <input type="checkbox"/> Permaculture | <input type="checkbox"/> Technology |

8. During your ASTEP volunteer experience you may be working with children who have NO artistic background and have had NO artistic training and/or exposure. Hypothetically, with a limited time frame and no extra materials, describe one thing YOU and YOUR ARTFORM can offer this demographic of children?

9. It is a rainy day and you have to stay inside with 20 restless and enthusiastic children. What are 3 arts based activities you could lead in this setting?

10. You are working with a difficult child who suddenly does not want to participate in the activity in a class setting. What are 3 things you would do to create a positive and effective outcome with that child?

1.

2.

3.

Medical History

(Please Note: some of ASTEP's programs require a clean bill of health and may require medical clearance and updated immunization records to participate. This information is kept confidential and will only be released in case of a medical emergency.)

Have you suffered/do you suffer from any of the following:

Asthma	Epilepsy	Diabetes	Heart Condition	Joint Problems
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently taking any prescription medication for a medical condition? Yes No

If yes, what medication(s):

 How often:

Are you allergic to any particular medications? Yes No If yes, what medications:

Do you have any other allergies, food related or otherwise? Yes No If yes, what:

Have you suffered/do you suffer from any form of depression? Yes No

Have you suffered/do you suffer from any physical or mental disability? Yes No

Do you suffer/have you recently suffered from any type of infectious disease? Yes No

Certification and Authorization:

[Please sign and mail hard copy to ASTEP]

“I hereby authorize Artists Striving To End Poverty to obtain reference information concerning me and to conduct a criminal record history check(s), as applicable, through law enforcement agencies, credit agencies, the FBI, courts, and other records resources. Information of a confidential and privileged nature is included in this authorization.

I also understand that a conviction of a crime against a person or property may negatively impact or prevent me from obtaining a volunteer position with Artists Striving To End Poverty. Failure to comply with the request for authorization to conduct a criminal record history check(s) will disqualify me from volunteer service with ASTEP.

I certify that the information I have provided on this form is complete and truthful. I understand that providing misleading or false information or failing to disclose convictions will be basis for disqualification from further consideration for volunteer service with the organization. I understand that if I am appointed to a volunteer position, I must inform Artists Striving To End Poverty if I am subsequently convicted of any criminal offense during my appointment or affiliation with the organization and its programs.

I hereby release and discharge, to the extent permitted by law, ASTEP, its employees, and any individual or agency obtaining information for ASTEP, for any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this investigation. I also understand that I may appeal to ASTEP its decision to disqualify me for volunteer service based upon the results of my criminal record history investigation if I contest that the information revealed by such investigation is incorrect. I have read and understand all of the above information.”

Signature: _____ Date: _____



Artists Striving To End Poverty
Confidential Reference Form
 165 W 46th Street, Suite 1303
 New York, NY 10036
 www.asteponline.org

To the Applicant: ASTEP recommends references from former employers, teachers, directors, ministers, counselors or other persons who can provide an honest account of working with you. References by friends and/or relatives will not be considered. Please have your reference fill out the form below and return it to you in a sealed envelope and attach to your application. Applications submitted without a reference will not be considered. Your volunteer position is contingent on a positive reference and a background check. [Please print]

I (applicant name) _____ authorize (name of reference) _____ to provide relevant information that will be used to arrive at a volunteer position decision.

_____ Date _____
 Applicant signature

To be completed by the Reference

The applicant mentioned above is applying for a volunteer position for at an Artists Striving To End Poverty arts camp experience for children living in impoverished areas of the world. Your candid assessment of his/her suitability for working with children is essential to us. All evaluations will be kept in strict confidence and will not be shown to the applicant. Please complete this form and return it to the candidate in a sealed and signed envelope.

What is your relationship with the applicant? Employer Professor Pastor Other _____
 (circle one)

How well do you know the applicant? (circle one) Like Family Very Well Well Casually

How long have you known the applicant? _____

**Please rate to the best of your knowledge with respect to each of the following:
 Please rate on a scale of 1-5. 1 being least qualified and 5 being the most qualified.**

Maturity	1	2	3	4	5
Responsibility	1	2	3	4	5
Creativity	1	2	3	4	5
Dependability	1	2	3	4	5
Team Work	1	2	3	4	5
Patience	1	2	3	4	5
Works well with children	1	2	3	4	5

Please answer the following questions:

1. In your opinion, is there any reason why this candidate should not be considered for this position? Yes No
(If yes please explain)

2. Keeping in mind that being a volunteer can be very demanding, requiring long hours, and hard work, how would you assess the applicant's sustainability for such a position?

3. If you are aware of the applicant's artistic abilities and/or strengths, please provide an assessment of the applicant's artistic skills.

The above statements are true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____

Date: _____

Company: _____

Phone: _____

Email: _____