



4526 Iron Works Pike
 Lexington, KY 40511
 Email: aimky.office@gmail.com
 Web: www.aimky.org
 Attn: Volunteer Coordinator

GROUP VOLUNTEER APPLICATION FORM

September 24th – October 10th 2010

Group applications must be printed and mailed to the address above with payment. Checks should be made payable to "AIM".

PLEASE PRINT

GROUP LEADER INFORMATION:

1. NAME: _____
 Title First Name Initials Last Name

2. ADDRESS: _____
 Street Apartment Number

 Town / City State / Province Zip / Postal Code Country

3. TELEPHONE _____
 Home Work / Business Cell / Mobile

4. EMAIL ADDRESS _____ 5. DATE OF BIRTH _____
 Day Month Year

6. WILL YOU HAVE TRANSPORTATION FOR YOUR GROUP? Yes No

IF "YES" – CAN YOU USE IT TO HELP TRANSPORT OTHER VOLUNTEERS? Yes No

7. LANGUAGES SPOKEN IN YOUR GROUP: _____

8. WHERE WILL YOU STAY WHILE WORKING WITH AIM? (If requesting AIM housing, enter "AIM" in the street field and leave others blank).

_____ Street Apartment Number

 Town / City State Zip Code

9. DO GROUP MEMBERS HAVE ANY SPECIAL PHYSICAL OR OTHER NEEDS? _____

10. AREAS OF INTEREST (please check up to four)

- | | |
|---|--|
| <input type="checkbox"/> Staffing an AIM Expo Booth | <input type="checkbox"/> Translation / Interpretation |
| <input type="checkbox"/> Ushering / Hosting | _____ |
| <input type="checkbox"/> Driving / Transportation | (Languages) |
| <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Children's Activities (will require Security Check) |
| <input type="checkbox"/> Computers / IT | <input type="checkbox"/> "Runner" (many miscellaneous activities) |
| <input type="checkbox"/> Running Audio Visual Equipment | <input type="checkbox"/> Administrative/clerical work |

GROUP MEMBERS: (Please Print)

NAME: _____
Title First Name Initials Last Name

EMAIL ADDRESS _____ DATE OF BIRTH _____
Day Month Year

CONTACT IN CASE OF EMERGENCY:

NAME: _____
First Last

PHONE NUMBER: _____ EMAIL: _____

NAME: _____
Title First Name Initials Last Name

EMAIL ADDRESS _____ DATE OF BIRTH _____
Day Month Year

CONTACT IN CASE OF EMERGENCY:

NAME: _____
First Last

PHONE NUMBER: _____ EMAIL: _____

NAME: _____
Title First Name Initials Last Name

EMAIL ADDRESS _____ DATE OF BIRTH _____
Day Month Year

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NAME: _____
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PHONE NUMBER: _____ EMAIL: _____

NAME: _____
Title First Name Initials Last Name

EMAIL ADDRESS _____ DATE OF BIRTH _____
Day Month Year

CONTACT IN CASE OF EMERGENCY:

NAME: _____

First

Last

PHONE NUMBER: _____ EMAIL: _____

(Copy this page if needed for additional volunteers).

NUMBER OF SHIRTS...

Ladies'

__ Small __ Medium __ Large __ XL __ 2XL __ 3XL

Men's

__ Small __ Medium __ Large __ XL __ 2XL __ 3XL

Fees:

Volunteer Fees: # of group members _____ X \$30 = \$_____

Housing Fees: # nights housing _____ X \$40/night = \$_____ X # group members _____ = \$_____

TOTAL FEES: \$_____