

PRE-TRIP COMMUNICATION FORM 2012

DUE TO ASP BY MAY 10. PLEASE MAIL, EMAIL, OR FAX TO

Volunteer Services Department
Appalachia Service Project, Inc.
4523 Bristol Highway
Johnson City TN 37601
FAX 423 854 9771
carolynn.bailey@asphome.org

We plan for YOU based on the information you share in this document!

Name of Group _____ Group # _____

Center assigned: _____ Week of: _____

Your center staff will call your contact person 1 to 2 weeks before your arrival at your ASP center. Be prepared to discuss the information on this form and other details. Please indicate the best time, phone number, and this number's location (home, work, church, etc.) where you can receive the call. Make a note of this time for yourself, since the staff will make every attempt to reach you at the given time. Please also list your email address.

Contact Person: _____ Best time to call: _____

Phone #: (____) _____ Email: _____

Project Coordinator (if different from Contact Person) _____

Does your group have ASP experience? no yes (% returning volunteers ____)

Total number of volunteers _____ Total number of males _____ Total number of females _____

Total number of adults _____ Total number of youth _____

Work Crew Fee _____ Volunteer Balance _____ Amount already credited _____
For ASP use only

Work Project Information

Complete the following information with the whole group. Be honest and specific! ASP staff uses this information to determine your work projects.

List the make and type of vehicle(s) your group will be bringing:

_____	_____
_____	_____
_____	_____

Do you have a floating volunteer(s)? _____

Who? _____

What kind of vehicle(s) will he/she/they drive? _____

Would he/she/they be comfortable delivering materials in the floater vehicle(s)? no yes

Are there other talents that your group can share? (Lead devotions, play guitars, lead singing?)

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What do the members of your group expect to see in Evening Gatherings?

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Vegetarians in your group? ____ Anyone with food allergies/restrictions? ____ (If yes, list them below.)

_____	_____
Name of person	Allergy/restriction to what food?

_____	_____
Name of person	Allergy/restriction to what food?

_____	_____
Name of person	Allergy/restriction to what food?

Please notify these individuals they will need to introduce themselves to the Operations Coordinator upon arrival at the center.

Anything else? Explanations? _____

