



## **2010 Application Information and Instructions**

### **Requirements**

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

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

1 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 and 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.

### **Application process**

Applications are accepted on a continued, ongoing, first come first serve basis. We suggest turning in applications well ahead of the due dates as volunteer positions are limited. Applicants will be notified via phone or e-mail upon receipt of application. An initial interview will be arranged shortly after.

Please Note: Applicants are expected to undergo the required training (in person or via webinar) prior to the on-site training/emersion. Applicants should be prepared and willing to work collaboratively during the creation process being that every experience and the themes covered are unique to the individuals and students involved.

### **Important matters 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 "field trips". ASTEP recruits volunteers with the understanding that, almost always, 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.

The following are prohibited on ASTEP or our partner's property: Smoking – Alcoholic Beverages – Illegal Drugs. *No one is permitted on ASTEP's or our partner's property 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 ASTEP services have experienced extreme pain and 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.

## 2010 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? \_\_\_\_\_

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### **Education History**

High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

College: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

### **Further Education**

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

Graduate Education: \_\_\_\_\_

Do you speak any foreign 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 photo copy example of a degree, acceptance letter, performance program bio, letter from teacher/mentor etc.)

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

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Briefly describe any arts training you have received:

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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):

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Your Position: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Employed Since: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Past Employer (Company):

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Your Position: \_\_\_\_\_ Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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: \_\_\_\_\_

### Teaching Experience

Where did you teach? \_\_\_\_\_ Grade Level/Age Range: \_\_\_\_\_

Nature of work? \_\_\_\_\_

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

If yes, what subject? \_\_\_\_\_

*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. What has inspired you to apply to be an ASTEP volunteer?**

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**3. Where do you see yourself in five years?**

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**4. Why do you think arts education, exposure and/or involvement in the arts is important for young people?**

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**5. What do you think/presume will be the most difficult aspect of this volunteer experience?**

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**6. How are you planning to support your finances while you are volunteering?**

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**7. List 3 of your STRENGTHS.**

1. 

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2. 

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3. 

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**8. List 3 of your WEAKNESSES.**

1. 

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2. 

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3. 

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**9. 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         |

**10. On a scale of 1-5 how comfortable or hard to handle would the following categories be for you personally.**

**1** being I am under **NO** circumstance comfortable participating/performing and/or partaking in this activity  
**5** being I am **COMPLETELY** comfortable and it comes almost naturally

TEACHING CHILDREN	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TEACHING ADULTS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
GROUP BRAINSTORMING	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BEING PUNCTUAL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
DISCIPLINING CHILDREN	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
POOR LIVING CONDITIONS- communal living, sharing a bed, no AC, limited running water etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SIMPLE DIET- delineated portions, in-opportune meal times, VERY foreign foods etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CONFLICT RESOLUTION	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EXPLORING OTHER ARTISTIC GENRES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
IMPROVISED PERFORMANCE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
BEING SILLY IN FRONT OF PEOPLE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
LIMITED PERSONAL TIME	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EXTENDED TRAVEL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
LIMITED ACCESS TO TECHNOLOGY- no internet, TV, phone etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
TEACHING AN ACADEMIC SUBJECT	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**11. 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?**

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**12. Please write out one potential class activity you would perform with your students:**

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

1. 

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2. 

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3. 

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**14. 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?**

1. 

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2. 

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3. 

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### **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): 

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 How often: 

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

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

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

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

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

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**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: \_\_\_\_\_

## Volunteer Opportunity Schedule

Each ASTEP volunteer experience has different program specific time and training requirements.  
Please check the box(es) next to the program(s) you wish to apply for.

### ASTEP NEW YORK CITY

INCARNATION CHILDREN'S CENTER

March 23<sup>rd</sup> - April 6<sup>th</sup>

REQUIRED TRAINING DATES: TBA

[Application Deadline January 30<sup>th</sup> / Acceptance on or before February 13<sup>th</sup>]

### ASTEP NEW YORK CITY

INCARNATION CHILDREN'S CENTER

July 19<sup>th</sup> - August 27<sup>th</sup>

REQUIRED TRAINING DATES: TBA

[Application Deadline June 15<sup>th</sup> / Acceptance on or before June 30<sup>th</sup>]

### ASTEP NEW YORK CITY

INTERNATIONAL RESCUE COMMITTEE

Saturdays 12:00pm-2:00pm

REQUIRED TRAINING DATES: prior to date scheduled on-site

[Application Deadline: ongoing / Acceptance on or before: on going]

### ART-in-ACTION EXPERIENCE in HOMESTEAD, FLORIDA

MIDDLE SCHOOL CAMP

June 6<sup>th</sup> - July 4<sup>th</sup>

REQUIRED TRAINING DATES: April 17<sup>th</sup>, 24<sup>th</sup> & May 1<sup>st</sup> (9:30am-12:30pm)

[Application Deadline March 1<sup>st</sup> / Acceptance on or before March 17<sup>th</sup>]

HIGH SCHOOL CAMP

July 11<sup>th</sup> - August 1<sup>st</sup>

REQUIRED TRAINING DATES: April 17<sup>th</sup>, 24<sup>th</sup> & May 1<sup>st</sup> (9:30am-12:30pm)

[Application Deadline March 1<sup>st</sup> / Acceptance on or before March 17<sup>th</sup>]

### SHANTI BHAVAN IN INDIA

[Volunteers are asked to give a minimum of 3 weeks of time to this opportunity]

SESSION 1

Anytime between June 1<sup>st</sup> - August 31<sup>st</sup>

REQUIRED TRAINING DATES: April 17<sup>th</sup>, 24<sup>th</sup> & May 1<sup>st</sup> (9:30am-12:30pm)

[Application Deadline March 1<sup>st</sup> / Acceptance on or before March 17<sup>th</sup>]

SESSION 2

Anytime between September 1<sup>st</sup> - December 31<sup>st</sup>

REQUIRED TRAINING DATES: August 7<sup>th</sup>, 14<sup>th</sup> & 21<sup>st</sup> (9:30am-12:30pm)

[Application Deadline July 10<sup>th</sup> / Acceptance on or before July 24<sup>th</sup>]

SESSION 3

Anytime between January 1<sup>st</sup> - April 30<sup>th</sup> (2011)

REQUIRED TRAINING DATES: October 30<sup>th</sup>, November 6<sup>th</sup> & 13<sup>th</sup> (9:30am-12:30pm)

[Application Deadline October 2<sup>nd</sup> / Acceptance on or before October 16<sup>th</sup>]

LONG TERM VOLUNTEER

1 year of service

**REFILWE IN JOHANNESBURG, SOUTH AFRICA**

3 Month Opportunity (Volunteer Coordinator)  
November 28<sup>th</sup>-February 19<sup>th</sup>

6 Week Opportunity  
November 28<sup>th</sup>- January 8<sup>th</sup>

3 Week Opportunity  
November 28<sup>th</sup> – December 18<sup>th</sup>

3 Week Opportunity  
January 2<sup>nd</sup>- January 22<sup>nd</sup>

**REQUIRED TRAINING DATES: October 30<sup>th</sup>, November 6<sup>th</sup> & 13<sup>th</sup> (9:30am-12:30pm)**  
[Application Deadline October 2<sup>nd</sup> / Acceptance on or before October 16<sup>th</sup>]

**Artists Striving To End Poverty  
Confidential Reference Form**



165 W 46<sup>th</sup> ST  
Suite 1303  
New York, NY 10036  
[www.asteponline.org](http://www.asteponline.org)

To the Applicant: ASTEP recommends references to be from former employers, teachers, directors, ministers, counselors or other persons who can give an honest account of the type of person you are. References by personal 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 your criminal background check.

I (applicant's name/please print) \_\_\_\_\_ authorize (name of reference) \_\_\_\_\_ to provide relevant information that will be used to arrive at a volunteer position decision.

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

**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? (circle one)      Employer    Professor    Pastor    Other \_\_\_\_\_

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

On additional sheets, or on the reverse side of this form, 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.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_