

The A.S.H. Project Cast Member Application



Contact Information

Name and Age	
Street Address	
City, ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

Are you available during Christmas Break? (Circle one)

Yes

No

Are you available during Summer Break? (Circle One)

Yes

No

Are you willing to travel, at your own expense, for the event/fittings/meetings?

Yes

No

Tell us about yourself

Tell us why you are interested in being a part of the A.S.H. Project.

Do you have any special skills that the children might enjoy? (Balloon art, artwork, dancing, etc.)

How much interaction have you had with children in the past? Please explain.

What do you feel would be your strengths in working with these children?

How do you think people would normally describe you?

In 4 sentences or less, sum up your outlook on life. This could be the mantra you live by, or just your thoughts about life in general.

Our Mission

Our mission is to share, illustrate and demonstrate hope for the children and families affected by childhood illness, disease, or impairment within a medical facility. As a beaming light during their darkest days, striving to create moments of smiles, contentment, and peace for both the children and families to cherish for years to come.

Agreement and Signature

By signing below, I understand that if I am accepted as a volunteer, I am responsible for upholding the mission set forth by the A.S.H. Project and will act with courtesy, respect and discipline to always represent the A.S.H. Project in a positive way.

Name (printed)	
Signature	
Date	

Please attach a recent picture of yourself to the front of the application.

PLEASE EMAIL YOUR APPLICATION TO

laurenashtynshaw@gmail.com

AND

info@amazinglysmallheroes.com

OR

MAIL IT TO

The A.S.H. Project

3705 SHERIDAN RD

WICHITA FALLS, TX 76302

Thank you for completing this application form and for your interest in serving with us.