

Audrey B. Seale Service Program Application

Name: _____

Nick name (if any): _____ Birth date (mm/dd/yyyy): _____ SSN: _____

Current Address: _____ Phone: _____
Street Apt. No. Area code number
Valid until: _____
City State Zip date

Permanent Address: _____ Phone: _____
Street Apt. No.
_____ City State Zip

e-mail: _____ Mobile phone: _____
Area code number

Check the best way to communicate with you:

email _____ phone _____ snail mail _____ other _____
Specify no. Specify address specify

Citizenship: USA _____ Other (specify) _____

If you are under 18 years of age, please list your parent(s) or guardian(s):

Name: _____

Address: _____ Phone: _____
Street Apt no. State Zip Area code number

Name: _____

Address: _____ Phone: _____
Street Apt no. State Zip Area code number

Church in which you are currently active: _____ No. Years active: _____

Describe your activities in your church: _____

Contact at church where you were a Senior youth Group member (RE leader or Sr youth advisor):

Education:

Secondary school:

| Name of school | Address | Dates attended | diploma or certificate |
|----------------|---------|----------------|------------------------|
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College (including graduate school):

| Name of college | Address | Dates attended | Degree |
|-----------------|---------|----------------|--------|
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Work history:

| Company | Address | Dates | Supervisor | Position |
|---------|---------|-------|------------|----------|
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Work history (cont.)

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Volunteer experience:

| Organization | Address | Dates | Supervisor | Duties |
|--------------|---------|-------|------------|--------|
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References:

Name: _____ Address: _____

Name: _____ Address: _____

Applicant signature:

I certify that the information provided in this application is accurate and complete. I give permission to the Allen Avenue Church to complete a criminal background check on me and to contact those listed on this application and others referred to by them.

Signature: _____ Date: _____

Parent/guardian signature:

I/we certify that we are aware and supportive of our child's/ward's application to the Audrey B. Seale Service program.

Signature(s): _____ Date: _____

_____ Date: _____

Instructions for application

1. Fill out the application form completely and accurately, sign, and if you are under 18 years of age, have it signed by your parent(s) or guardian(s), and mail it to the address below.
2. On separate pages, provide the following information in 250 words or less for each item:
 - Describe your proposed project. Include anticipated dates of the project, specific goals and steps you will take to reach them, location of the project, and percentage of your time that you will devote to the project during the project period.
 - Tell why you want to do this project, describe the personal resources you will bring to it, and outline how your Unitarian Universalist values relate to the project.
 - Give a detailed budget of your financial needs to carry out your project and state the amount being requested from the ABS Fund and how you intend to obtain additional funds if needed.
3. Choose 2 references, one from your church and one from outside the church, e.g., a teacher or professor, employer, or supervisor at a volunteer position, list them on your application form and give them each a reference form along with a stamped envelope addressed to:

The Audrey B. Seale Service Program
Allen Avenue Unitarian Universalist Church
524 Allen Ave.
Portland, ME 04103