



Volunteer Application Form

Name: _____

Home Phone: _____ Cell Phone: _____ Address: _____

City: _____ State: _____ Zip: _____ E-mail*: _____

(* Responding to Autism Center has my permission to contact me via e-mail at the above address.)

Company/School: _____ Grade Level: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Availability (check all that apply)

Weekdays AM Weekdays PM Weekend AM Weekend PM

What is your preferred method of contact?

Via email Preferred email address: _____

Via phone Preferred Phone Number: _____

Type of Volunteer

Programs Childcare Respite Special Events Materials Prep

List your special skills, qualifications, and talents:

List Your Employment/Training Background Related to Your Interests:

Employer

Position/Major Responsibility

Dates of service

1 _____

2 _____

3 _____

Favorite Volunteer work experience:

Why do you want to volunteer with us?

What is your experience in working with children on the Autism spectrum?

How did you hear about us?

Have you ever been convicted of a felony? (Yes/ No): _____ If indicated “Yes”, When: _____

If yes, please explain the nature of the conviction:

Advisory: A background check of the volunteer applicant’s criminal history will be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its staff, volunteers and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

“I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and regulations of Responding to Autism Center, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time.

Signature:

(Note: Please provide a photo copy of your Driver's License).

Please describe special medical conditions (allergies, etc.) or special accommodations that you would like us to be aware of:

First Aid Certified (Yes/No): _____ CPR Certified (Yes/No): _____ Bilingual (Yes/No): _____

Languages: _____

Service Term Desired: (Check the applicable circle)

- One time volunteer
 - Long term volunteer
 - Other (Please Clarify):
-

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature: _____ Date: _____

Parent's signature is required for volunteers under 18 years of age:

Parent's Signature: _____ Date: _____

Parent's Printed Name:

Applications can be submitted one of three ways:

Hand delivered or mailed to the Responding to Autism Center: 4206 W 24th Ave B-101 Kennewick 99338

Fax: 1-509-931-0881

Email: info@respondingtoautism.net