

# VOLUNTEER APPLICATION



<hr/>	<hr/>	<hr/>	<hr/>
First Name	Nickname	Middle Initial	Last Name
<hr/>		<hr/>	
Address		Home Phone	
<hr/>		<hr/>	
		Work Phone	
<hr/>		<hr/>	
City	State	Zip	Cell Phone
<hr/>			
E-Mail			
<hr/>			
Is it okay to get calls at work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Occasionally			
What is the best way for us to communicate with you? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Both			
<hr/>			
<hr/>	<hr/>	If not over 18, please provide Birth Year: <hr/>	
Birthday Month	Day		

<hr/>	<hr/>	
Employer/Company Name	Occupation	
<hr/>		
Address	City/State	Zip
<hr/>		<hr/>
Does your employer have a matching gift program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe the products and/or services offered by your company: <hr/>		
<hr/>		

AVAILABILITY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<b>Mornings</b>	<hr/>						
<b>Afternoons</b>	<hr/>						
<b>Evenings</b>	<hr/>						

<hr/>	<hr/>	<hr/>
Emergency Contact Name	Relationship	Phone Number

What is your knowledge of autism? \_\_\_\_\_  
\_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

If you are currently a student, where? \_\_\_\_\_

Aside from English, are you fluent in any other languages? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify and include your level of competency (fluent, advanced, intermediate, beginner): \_\_\_\_\_

How did you hear about the Autism Society of Colorado? \_\_\_\_\_  
\_\_\_\_\_

Why are you interested in becoming a volunteer? \_\_\_\_\_  
\_\_\_\_\_

Please list any other agencies you are currently volunteering for? \_\_\_\_\_  
\_\_\_\_\_

Please list any relevant work, educational, volunteer or other experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special training, skills and/or hobbies: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, excluding a minor traffic violation? (**Note:** Driving Under the Influence (DUI) and Driving While Intoxicated (DWI) are not minor offenses and must be reported.) If yes, please explain the nature of the crime and the date of conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work):  
\_\_\_\_\_  
\_\_\_\_\_

Please list two people you know well and can attest to your character, skills and dependability.

<u>Name/Organization</u>	<u>Relationship to you</u>	<u>Phone</u>	<u>Length of Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Do you have a vehicle that you would use for volunteering? Yes \_\_\_\_\_ No \_\_\_\_\_

(Volunteers who drive need to provide proof of a **valid driver license** and **current auto insurance**. License and insurance must be maintained in effect during the period of any volunteer services that include driving.)

\_\_\_\_ Small Car    \_\_\_\_ Medium Car    \_\_\_\_ Station Wagon    \_\_\_\_ SUV    \_\_\_\_ Pick-up Truck    \_\_\_\_ Van

Please indicate which of the following activities interest you:

**Outreach:**

- Mentor (peer support)                       Social Media                       E-Newsletters/Copy/Marketing  
 Administrative (short term)                       Adult outreach                       Family outreach                       Child/Teen outreach  
 Staff tables at fairs

**Events:**

- Gala                       Walk with Autism  
 Ride with Autism                       Other:

**Event Roles:**

- Committee (planning)                       On-site (day of event)

**Government Advocacy:**

- Tell your story to your congressional representative                       Recruit and organize volunteer advocates

**Office (Hours are generally Monday through Friday, between 9:00 am – 5:00 pm):**

- Data entry                       Phone recruitment                       Event support                       Mailings  
 Graphic Design                       Photography                       PR/Marketing

**Office Availability:**

- Weekly                       Monthly                       Occasionally

Acknowledgment and Waiver: I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the volunteer selection process, including on this application and in interviews with ASC that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not withheld and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information contained on my application may be verified by ASC and I hereby give permission for ASC to contact anyone it deems necessary to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I voluntarily and knowingly waive any and all rights to bring an action or claim under statute or common law based on or arising from ASC's investigation of such information, including actions or claims against ASC or against anyone providing information to ASC (including, but not limited to claims for defamation, invasion of privacy, or similar cause of action). I understand that misrepresentations or omissions may because for my immediate rejection as an applicant for a volunteer position with ASC or my disqualification from providing any further services as a volunteer.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_  
(if applicant is under 18)

Date: \_\_\_\_\_

***ASC welcomes volunteers and offers equal opportunity to participate in the volunteer experience.***