
Arts 'n Autism

Volunteer Application

Semester: _____ / 20_____

_____ MI _____ Last Name

I prefer to be called: _____

Street Address (List in-town address) _____ City

State _____ Zip Code _____ Home Phone Number _____ Cell Number _____

_____ Email _____

Age _____ Date of Birth _____ Sex: M F

Check all that apply:

Caucasian African-American Hispanic/Latino(a) Native American
Asian/Pacific Islander Other

References: (Instructor, fellow volunteer etc.)

Phone Number

(1) _____

(2) _____

I prefer working with (check as many as applicable):

- | | | |
|---------------------------------------------|--------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Repairs Building |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Make Phone Calls | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Junior/Senior High | <input type="checkbox"/> Painting Building | <input type="checkbox"/> Administrative/Clerical |
| <input type="checkbox"/> Ages 18 – 22 | <input type="checkbox"/> Snacks | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Cooking | <input type="checkbox"/> Art |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Music | <input type="checkbox"/> Thank you notes |

How did you learn of volunteer opportunities at Arts 'n Autism?

Days of Availability (circle): Time frame available for volunteer opportunities are:

Mornings: 10:00 am – 2:00 pm Afternoons: 2:00 pm – 5:30 pm

Please ONLY circle the day(s) and list the time(s) you would like to volunteer:

Monday Tuesday Wednesday Thursday Friday
 Time: _____ Time: _____ Time: _____ Time: _____ Time: _____

*Are you willing to volunteer during fundraising events? YES NO

Do you need the volunteer hours for a class/organization? YES NO

Number of Hours Needed: _____ Completed hours deadline: _____

Volunteer/Work Experience:

If asked would you agree to a background check? YES NO

Emergency Contacts (if other than parents/guardians)

Contact Name	Relation	Daytime Phone	Evening Phone

Parent/Guardian Information:(Required for all applicants in school and are under the age of 25)

Parent/Guardian 1

First Name		Last Name	
Street Address		City	
State	Zip Code	Home Phone Number	Cell Phone Number
Employer	Job Title	Work Phone Number	

Parent/Guardian 2

First Name		Last Name	
Street Address		City	
State	Zip Code	Home Phone Number	Cell Phone Number
Employer		Job Title	Work Phone Number

List medications you take on a daily basis: None

**Only list medications that will be helpful to mention to EMS, incase of an emergency where you are unable to communicate.*

Medical Information

Medication	Dose	Reason for Taking
_____	_____	_____
_____	_____	_____

Applicant's Signature _____
Date

Emergency Treatment Release

In the event of an accident, injury, or illness, I give my permission to be given emergency treatment at the nearest medical facility, and I will be responsible for all costs involved. I understand that all measures will be taken to contact my emergency contact(s) listed, if emergency care is required.

Signature _____
Date

- I am a returning volunteer
- I am a new volunteer at Arts 'n Autism

***Please note that all volunteer(s) must provide their own transportation**