

Volunteer Application



Contact Information

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

Availability

During which hours/days are you available for volunteer assignments?

- Weekday mornings Weekend mornings Monthly (*Child care only*)
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Events Committee
 Fundraising Committee
 Marketing Committee
 Support Group
 Child Care
 Recreation Classes

How did you hear about us? _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

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

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

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

REFERENCES

Permission for Grupo de Autismo Angeles to contact references, for volunteer related position offer? Yes__ No__ If 'No' please explain_____

Name of reference_____

Title at his or her organization_____

Organization name_____

Street address_____

City, state and zip_____

Email address_____

Work Phone_____

Relationship to you (for example, "My former supervisor at ABC workplace")_____

Skills/projects of yours that this reference might discuss
(optional)_____

Name of reference_____

Title at his or her organization_____

Organization name_____

Street address_____

City, state and zip_____

Email address_____

Work Phone_____

Relationship to you (for example, "My former supervisor at DEF workplace")_____

Skills/projects of yours that this reference might discuss
(Optional)_____

Name of reference _____

Title at his or her organization _____

Organization name _____

Street address _____

City, state and zip _____

Email address _____

Work Phone _____

Relationship to you (for example, "My former supervisor at GHI workplace") _____

Skills/projects of yours that this reference might discuss
(optional) _____
