



## Volunteer Application

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Below please indicate any and all areas that you would like to help out:

**Maintenance:**

Grounds \_\_\_\_\_

Building \_\_\_\_\_

Website \_\_\_\_\_

**Behavior Assistant:**

Home based \_\_\_\_\_

Center based \_\_\_\_\_

**Other:**

Marketing \_\_\_\_\_

Office/Clerical \_\_\_\_\_

Please list any skills, talents or areas of interest you have that might be beneficial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list your hours of availability:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_

If you have volunteer experience, please list where you volunteered and what you did: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list your strengths: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why have you chosen to volunteer at The Brown Center for Autism? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide two personal references, not related to you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Have you ever been convicted of a crime or are there any pending charges against you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if I am asked to volunteer I may also be asked to submit to a background check which may include finger-printing and drug testing. I also understand that doing so is for the safety of the children with which I may be working.

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