



## VOLUNTEER APPLICATION

FIRST & LAST NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I AM INTERESTED IN:

\_\_\_\_\_ VOLUNTEERING \_\_\_\_\_ INTERNSHIP

PLEASE CHECK ANY PROGRAMS OF INTEREST:

\_\_\_\_\_ Children's Center for Autism \_\_\_\_\_ Early Intervention

\_\_\_\_\_ Employment Services \_\_\_\_\_ Family Support

\_\_\_\_\_ Independent Support Coordination \_\_\_\_\_ Other (Please specify below):

\_\_\_\_\_

PLEASE CHECK ANY AREAS OF STRENGTH:

\_\_\_\_\_ Creativity \_\_\_\_\_ Leadership Experience

\_\_\_\_\_ Organization \_\_\_\_\_ Time Management

\_\_\_\_\_ Working with Others \_\_\_\_\_ Other (Please specify below):

\_\_\_\_\_

WHAT ARE YOUR GOALS FOR THIS VOLUNTEER/INTERN EXPERIENCE?

\_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_