



VOLUNTEER APPLICATION

CONTACT INFORMATION

Name	
Street Address	
City, State, Zip	
Best Contact Phone	
E-Mail Address	

REFERENCES

	1	2	3
Name:			
Contact Number			
Capacity Known			
Years Known			

AVAILABILITY

During which hours are you available for volunteer assignments? Check box- circle days

Weekday mornings Weekend mornings

M T W R F S SU M T W R F S SU

Weekday afternoons Weekend afternoons

M T W R F S SU M T W R F S SU

Weekday evenings Weekend evenings

M T W R F S SU M T W R F S SU

Do you have your own reliable transportation? Yes No

Please indicate any dates during this hire semester that you will not be able to work: (ex. Are you going on vacation, holiday, school break returning home, etc.)

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EDUCATION/CERTIFICATIONS/LANGUAGES/LIMITATIONS

Tell us about your education and languages

Highest education level	
Special Certifications	
Are you certified in First Aid or CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes expiration date	
Language/s spoken	
Do you have any physical limitations	<input type="checkbox"/> Yes, is so list: <input type="checkbox"/> No

INTERESTS

What areas interest you most to volunteer:

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Public Awareness |
| <input type="checkbox"/> Events | <input type="checkbox"/> Website Development/Design |
| <input type="checkbox"/> Working with Constituents | <input type="checkbox"/> Social Media Support |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Interview Practice |
| <input type="checkbox"/> Deliveries | |
| <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Other |
| <input type="checkbox"/> Newsletter production | |

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 AUTISM EXPERIENCE

Summarize your previous autism experience. If none write NA

REASON FOR BECOMING A VOLUNTEER

Summarize your reason for being a volunteer with PALS.

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 PALS.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.

Signature:

_____ Date: _____