



Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Events
 Field work
 Fundraising
 Deliveries
 Phone bank
 Newsletter production
 Volunteer coordination

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.

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 upon becoming a volunteer, I am agreeing to allow Autism Advocate Foundation, Inc. to request personal background information, including SLED checks, DSS Registry, and SC DOT records, for the purpose of assuring my competence and the safety of those I will be responsible for and working with. 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. I hereby agree to indemnify and hold harmless the Autism Advocate Foundation, Inc. against any and all liabilities, claims, damages, cost of expenses suffered or incurred by the Autism Advocate Foundation, Inc. arising out of any accident or other occurrence causing damage, loss or injury to the volunteer and/or to the Autism Advocate Foundation, Inc. and/or third parties for which Autism Advocate Foundation, Inc. and/or volunteer is responsible. I will not hold myself out to the public having any authoritative connection on behalf of Autism Advocate Foundation, Inc. except that I may include this experience on their resume. I understand that services may be terminated at any time, at will, by Autism Advocate Foundation, Inc. for any reason. I understand that I am responsible to maintain the confidentiality including media, verbal, and written information of any person/relation participating in Autism Advocate Foundation, Inc. programming.

Name (printed)	
Signature	
Date	
*If 18 or younger, a parent/guardian must sign	
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.

Autism Advocate Foundation Inc.
PO Box 7061
Myrtle Beach, SC 29572
www.autismadvocatefoundation.org
843/213-0217