

## VOLUNTEER APPLICATION FORM

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

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

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

Current place of employment: \_\_\_\_\_

Date of last background check: \_\_\_\_\_

Have you been convicted of a felony other than a minor traffic violation? Yes No

Days/hours available

AM Hours:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

PM Hours:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please list any experiences working with individuals with special needs

---

---

---

---

References

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

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

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

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I am interested in becoming a volunteer of The Superhero Center for Autism. I agree to follow and support the guidelines put in place by the board of directors. As a volunteer, I realize that I represent the organization and should act in a legal, ethical, and moral manner, obeying the rules, regulations including respecting the privacy of our superheroes and their families, and safety guidelines.

Signature \_\_\_\_\_

Date \_\_\_\_\_