

Strength In Numbers Foundation Walk For Autism Volunteer Application

Personal Contact Information			
Date:	Name:		
Current Address:			
Phone - Home:	Cell:		-
Email Address:			
Emergency Contact Information			
Name:	Relationship with Volur	iteer:	_
Current Address:			
Phone: Home:	Cell:		
Email Address:			
Special training, skills, hobbies:			
How did you learn about this progr	ram?		
Groups, clubs, organizational men	nbership's		
Do you have any medical and/or p volunteering?	•		
Do you have any allergies or spec	ial considerations?		
Do you foresee any changes in yo	ur availability?		

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition) Conviction of a crime is not and automatic disqualification for volunteer work.

Do you have a Driver's License?	Yes No	
Do you have access to a vehicle?	Yes No	
Do you have access to alternate transportation?	Yes No	

References

Please list 3 people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of Relationship

Privacy Practice Statement

We protect your personal information and adhere to all legislative requirements with respect to privacy. We do no rent, sell or trade or lists of volunteers. We use your personal information to keep informed and up to date activities of the organization and its specific programs including, but not limited to; opportunities to volunteer, upcoming events, educational opportunities, and seasonal greeting.

I give permission to verify the credentials that I have presented:

Signature:	Date:	

Please read the following before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified. I understand that misrepresentations or omissions may cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

Signature:

Date: