# 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 Volunteer: _____

Current Address: _____

Phone: Home: _____ Cell: _____

Email Address: _____

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Special training, skills, hobbies:
_____
_____

How did you learn about this program?
_____
_____

Groups, clubs, organizational membership's
_____
_____

Do you have any medical and/or physical conditions that may prevent you from
volunteering?_____
_____

Do you have any allergies or special considerations?
_____
_____

Do you foresee any changes in your 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 a Driver's Abstract?                    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: _____