



Junior Application for Volunteer Service

Instructions: Volunteer service at Actors for Autism is a commitment to our clients and staff. Please fully complete the application. The information you provide will help us determine your motivation to volunteer as well as your skills, abilities and availability. **We cannot consider incomplete applications for volunteer service.**

Name

First

MI

Last

Local Address

Street

City

State

Zip

E-mail Address

Home Phone Number ()

Work Phone Number ()

Cell Phone Number ()

Are you 18 years or older? Yes No

Availability: Can you commit to giving AFA one full day or two half days per week for a minimum of ten weeks?

Yes No

Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____
Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____

PLEASE PROCEED TO NEXT PAGE

Comments		
Date of Interview		Initials
Position	Supervisor	
Orient Date	Start Date	Evaluation Y N
Junior Volunteer		
Application Received: _____		
Meet with supervisor	Confirmed	Y N
Approved for Volunteer Service Yes No		
Signed		Date

Education Are you currently enrolled in school? Yes No

High School State Month Year of Graduation

College Area of Study Date of Graduation

Employment Are you currently employed? Yes No

1. Current or most recent employer From To

Position held Supervisor

Supervisor phone number: City, State

Please tell us why you want to volunteer at Actors for Autism? Be specific as possible and include:

- Characteristics and skills that you possess that would benefit the AFA;
- What placement is of interest to you and why;

Conditions of Volunteer Service (*Please read before signing*):

Prior Convictions (*Please read this carefully before answering*)

You may answer “NO” only if your criminal record consists of one or more of the following: (a) a sealed record on file with the commissioner of Probation, (b) Your case is a case where you were determined to be delinquent or to be a child in need of services, which did not result in a complaint transferred to Superior Court for criminal prosecution, or (c) your crimes were misdemeanors and they occurred five or more years ago. **Note: A conviction record will not necessarily be a bar to volunteer service.**

Have you been convicted of a felony or misdemeanor? Yes No

If yes, give details including date, location (city), nature and offense and disposition.

I certify that the statements made in the volunteer application are true and correct, and have been given voluntarily. I understand that I will not be paid for my services as a volunteer. I further understand that I may be asked to discontinue my volunteer services at any time for any reason. I agree to abide by the guidelines of Volunteer Services, to respect patient confidentiality, and uphold the traditions and standards of Actors for Autism, including abiding the Smoke-Free Workplace Policies. Volunteers will demonstrate a readiness to help others, maintain healthy boundaries and assist clients and staff. I understand that volunteer service will be contingent upon approval from the Executive Director and is also contingent upon satisfactory results of the interview.

Applicant's Signature

Date