



The One World Center for Autism, Inc.

P.O. Box 2662
Laurel, MD 20709-2662
301-957-1400
Fax 240-786-7817
Email: worldforautism@verizon.net

Volunteer Application

Contact Information

Name	
Date of Birth	
Social Security Number	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability/ Commitment

During which hours are you available for volunteer assignments?

Weekly (specify):

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

Monthly

Quarterly

Interests

Tell us which areas you are interested in volunteering

- Programs and Events
 Fundraising
 Childcare/ Respite Care
 Volunteer Mentor (Pairing with and /mentoring a child/ adolescent on an ongoing basis)
 Promotions and Marketing
 Volunteer coordination
 Other _____

Do you have any prior misdemeanors, convictions, and or felonies? Yes _____ No _____

If Yes, please attach a description of each incident. (Please note that for the safety of our participants we do perform background checks on all volunteer applicants)

Are you under the care of a physician for any physical or psychological ailment which might impede your ability to work? If yes, please provide a certificate from the physician as to your ability to satisfactorily and safely perform your duties.

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 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. Parent's Signature required for volunteers under the age of 18.

Volunteer's Name (printed):	Parent's Name (Printed):
Signature:	Parent's Signature:
Date	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. All information in this application will be confidential. Thank you for completing this application form and for your interest in volunteering.

*****PLEASE DO NOT COMPLETE*****

NOTES: (to be completed by OWCA Staff)

Date Application Received: _____

Background Check Cleared: _____

Date Orientation Completed: _____

Forms Completed:

Form	Date Received	Notes
Affirmation of Handbook receipt		
Volunteer Waiver		
Background Check Release		
Photo Release		
Other:		