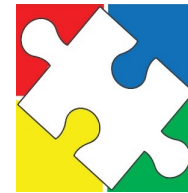


**VOLUNTEER APPLICATION FORM  
ADULTS**



**Center for  
ASD**  
Helping Special Needs Families

**PERSONAL INFORMATION**

FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP CODE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**GENERAL INFORMATION**

Previous Volunteer Experience (Please list name of organization and how you assisted):  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Certifications (Please list any club memberships and/or certifications you may hold. For example - CPR)  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you find out about The Center for ASD?  
 \_\_\_\_\_  
 \_\_\_\_\_

**AVAILABILITY**

When will you be available to volunteer at the Center for ASD?

Circle the days/times available: **Monday Tuesday Wednesday Thursday Friday Weekends**

Are you available? Am/Pm Am/Pm Am/Pm Am/Pm Am/Pm

Are you seeking a specific time slot? Time From: \_\_\_\_\_ Time To: \_\_\_\_\_

Will you need to have your hours verified for school/church/other? YES NO

**PROGRAMS**

What programs are you interested in volunteering for?

<input type="checkbox"/>	Thrive (Pre-Teen)	<input type="checkbox"/>	1st Steps (6&under)	<input type="checkbox"/>	Summer Camp
<input type="checkbox"/>	Thrive (Teen)	<input type="checkbox"/>	Xcel (Day Program)	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Thrive (Adults)	<input type="checkbox"/>	Reach (Adults-Day)	<input type="checkbox"/>	Events (Seasonal)
<input type="checkbox"/>	Grow - Afterschool	<input type="checkbox"/>	Administrative	<input type="checkbox"/>	

**VOLUNTEER APPLICATION FORM  
ADULTS**

**VOLUNTEER CODE OF CONDUCT**

Please review the Center for ASD Code of Conduct. After reading each statement, please initial demonstrating that you agree to abide by the rules and guidelines set forth.

- I will respect myself, other people, other people's property, and the CASD's property.
- I will be an encourager. I will not be one who ridicules, makes fun of, bullies, or criticizes others.
- I will participate and contribute in a positive way and accept the direction and guidance of the CASD staff. I will deal with every situation in a peaceful manner.
- I will be an example and show respect by participating, encouraging participation, and by not causing disruptions.
- I will use language that reflects a positive attitude. I will not use curse words or any foul language.
- I will limit use of cell phones, iPads, or any other electronic devices during my time of service at CASD.
- I will not have or use any of the following products while on CASD property- tobacco products (including vape devices), marijuana, non-prescription medication, alcohol or any other mind-altering substance.
- I will stay with my assigned group or in my assigned area, at all times.
- I will be aware of where all my participants are, at all times, and keep an accurate head count of everyone within my assigned group.
- I will check in/check out on time each day. I will wear and be responsible for my badge.
- I will let my lead & Volunteer Coordinator know if there are any changes to my schedule.
- I will not pass out any candy or food unless it has been directly provided by CASD. I will not eat any candy/food or consume any drinks (except water) in the presence of participants if they are not also having the same.
- I will not pick up or carry any participants without approval of the CASD staff.
- I will leave all discussions concerning participants behavior to CASD staff.
- I will not download any apps or software on participants personal devices, including social media.
- I will not take any pictures of participants, staff, or other volunteers unless I am explicitly asked to do so by CASD staff.
- I will not use participants names or give any identifiable information to anyone who does not have privileged access to participant information.
- I will ensure I fully understand what I am being asked to do before beginning any tasks. I will seek clarification from my lead if needed.**

**BACKGROUND CHECK**

I understand and acknowledge that submission of this application initiates the formal application process, which includes a background check. I understand that background checks with the Center for ASD will include - formal check against the nationwide database for registered sex offenders, child abuse and criminal history records, and motor vehicle records. I understand that any adverse reports may disqualify me from participation in the Center for ASD volunteer program. I understand that if at any point during my volunteer service, I commit, am arrested for, or prosecuted for any crime my application and volunteer status will be reviewed and/or terminated with The Center for ASD.

Do you have a valid driver's license or state issued ID?	YES	NO
1. Have you ever been convicted of or plead guilty to any crimes?	YES	NO
2. Have you ever been refused participation in any youth programs?	YES	NO
3. Have you ever received deferred adjudication for an offense or otherwise required to register as a sex offender under any state or federal statute?	YES	NO

If you answered "YES" to questions 1, 2, or 3 please provide details.

**VOLUNTEER APPLICATION FORM  
ADULTS**

**SIGNATURES**

I have completed this application in its entirety and certify that all statements on this application are true and correct. I acknowledge that my participation with the Center for ASD is entirely voluntary. I accept all personal responsibility. By signing below, I release the Center for ASD from all liability, costs, and damages which could arise while at the Center or from participation in events or activities involving the Center for ASD.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**ORIENTATION**

Once the application has been approved and background checks have been verified, orientation will be scheduled. Orientation is mandatory for all new and returning volunteers. During orientation you will receive a tour of the facility, review the volunteer handbook and be given guidance on how to provide the support for your assignment.

**CENTER FOR ASD USE ONLY**

BACKGROUND CHECK COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECKS COMPLETED:      MOTOR VEHICLE    SEX OFFENDER    STATE CRIMINAL    FEDERAL CRIMINAL

IF NOT COMPLETED, REASON: \_\_\_\_\_

ACCEPTED INTO VOLUNTEER PROGRAM:      YES                      NO