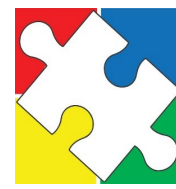


**VOLUNTEER APPLICATION FORM
MINORS (AGES 12 – 17)**



**Center for
ASD**
Helping Special Needs Families

PERSONAL INFORMATION

APPLICANT NAME: _____ BIRTH DATE: _____
 PHONE NUMBER: _____ EMAIL: _____
 PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____
 PHONE NUMBER: _____ EMAIL: _____
 ADDRESS: _____ CITY, STATE, ZIP CODE: _____

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"/> | |

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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 peacefully with every situation.
- 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

Minors (anyone under the age of 18) will not be subject to background checks. The Volunteer Coordinator may reach out to the applicant and their parent/guardian with any additional questions. I understand that I may be asked to provide references before being allowed to volunteer at the Center for ASD and any adverse reports may disqualify me from participation in the 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
MINORS (AGES 12 – 17)**

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 personal all responsibility.

APPLICANT SIGNATURE: _____ DATE: _____

I have reviewed this application in its entirety and give my child permission to participate as a volunteer with the Center for ASD. I accept full responsibility on behalf of my child. By signing below, I release the Center for ASD from all liability, costs, and damages which could arise while my child is at the Center or from participation in events or activities involving the Center for ASD.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

ORIENTATION

Once the application has been approved and references 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.

REFERENCES

REFERENCE NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ EMAIL: _____

CENTER FOR ASD USE ONLY

REFERENCE CHECK COMPLETED BY: _____ DATE: _____

IF NOT COMPLETED, REASON: _____

ACCEPTED INTO VOLUNTEER PROGRAM: YES NO