

Volunteer Form

BE INFORMED - BE PREPARED - BE INVOLVED

Contact Information	
Name	Date:
Street Address	
City ST ZIP Code	
Phone (preferred number)	
E-Mail Address	
Volunteer Opportunity Interest Areas <i>check all that apply</i>	
Committees : <input type="checkbox"/> Advocacy <input type="checkbox"/> Conference <input type="checkbox"/> Education <input type="checkbox"/> Finance <input type="checkbox"/> Fundraising <input type="checkbox"/> Volunteers Leadership: <input type="checkbox"/> Committee Chair or <input type="checkbox"/> Co-Chair <input type="checkbox"/> Board Member <input type="checkbox"/> Advisory Board <input type="checkbox"/> Community Involvement Professional Advice: <input type="checkbox"/> Legal <input type="checkbox"/> Educator <input type="checkbox"/> Finance <input type="checkbox"/> Human Resources <input type="checkbox"/> Marketing <input type="checkbox"/> Public Relations <input type="checkbox"/> other	
Can AuSM staff or board contact you as a resource? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Would you be interested in being a Speaker Panelist or Presenter? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
If yes what topic(s) _____	
Special Skills, Qualifications or Previous Volunteer Experience	
Share your special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. List any specific ways you feel AuSM could benefit from your help.	

Information will be sent to: Executive Director for processing. You will hear from the Volunteer Coordinator within 7 days of processing.

Name: _____

<i>For office use only:</i> <i>Date Rec'd</i>	Review Form	Added	Placement	Acknowledge		Connect with
				Interest		
				Referral		

The information I have provided to AuSM is 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.

Photo Release

I grant to Autism Society of Minnesota - AuSM, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize AuSM, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that AuSM may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature

Name (printed)	
Signature	X
Date	

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.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Phone	

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