



Alabama Autism Assistance Program/The HANDS Program  
VOLUNTEER APPLICATION

VOLUNTEER POSITION: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE:(\_\_\_\_\_) \_\_\_\_\_ CELL PHONE:(\_\_\_\_\_) \_\_\_\_\_

Are you willing to submit to a background check? YES NO

Do you have a driver's license? YES NO

Do you have a reliable means of transportation? YES NO

EDUCATION:

Highest level of education:  High School  Some College  Bachelors  Masters

CURRENT EMPLOYMENT:

DATES OF EMPLOYMENT: START \_\_\_\_\_ END \_\_\_\_\_

EMPLOYER NAME: : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SKILLS AND EXPERIENCE:

SPECIAL TRAINING, SKILLS, HOBBIES: \_\_\_\_\_

GROUPS, CLUBS, ORGANIZATIONAL MEMBERSHIPS: \_\_\_\_\_

PLEASE DESCRIBE YOUR PRIOR VOLUNTEER EXPERIENCE (INCLUDE ORGANIZATION NAME & DATES):

ORGANIZATION	DATES	EXPERIENCE

PLEASE DESCRIBE ANY EXPERIENCE YOU HAVE THAT MAY PREPARE YOU TO WORK AS A VOLUNTEER AT THE ALABAMA AUTISM ASSISTANCE PROGRAM/THE HANDS PROGRAM.

PLEASE TELL US WHY YOU WANT TO VOLUNTEER WITH US. WHAT WOULD YOU LIKE TO GAIN FROM THIS VOLUNTEER EXPERIENCE?

**REFERENCES:**

PLEASE LIST THREE PEOPLE WHO CAN ATTEST TO YOUR CHARACTER, SKILLS AND DEPENDABILITY. PLEASE INCLUDE YOUR CURRENT (OR MOST RECENT) EMPLOYER.

NAME/ ORGANIZATION	RELATIONSHIP TO YOU	LENGTH OF RELATIONSHIP	PHONE NUMBER

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**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION**

I understand that this is an application for, and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position, and in interviews with the Alabama Autism Assistance Program/ The HANDS Program that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information contained on my application will be verified by the Alabama Autism Assistance Program/ The HANDS Program. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Alabama Autism Assistance Program/ The HANDS Program, or may terminate my role as a volunteer.

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINTED NAME OF APPLICANT: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**PLEASE RETURN YOUR APPLICATION TO:**

The HANDS Program  
Attn: Courtney King  
300 Shadow Wood Park, Suite 100  
Birmingham, AL 35244

FAX: 205-533-7910

EMAIL: [cking@thehandsprogram.org](mailto:cking@thehandsprogram.org)