

VOLUNTEER APPLICATION

Alabama Autism Assistance Program/ The HANDS Program

Application Date _____
Volunteer Position Sought _____
Name _____
Home Address _____
Work Phone _____ Home Phone _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:
Position/Title _____
Dates of Employment (starting, ending) _____
Company/Employer _____
Address _____

SKILLS & EXPERIENCE

Special training, skills, hobbies _____
Groups, clubs, organizational memberships _____
Please describe your prior volunteer experience (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer at The Alabama Autism Assistance Program/ The HANDS Program?

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

Are you willing to submit to a background check? No Yes

Do you have a driver's license? No Yes

Do you have reliable means of transportation? No Yes

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of 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 that would unfavorably affect my application for a volunteer position. I understand that 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 my termination as a volunteer.

Signature _____ Date _____

Please return to AAAP/HANDS one of three ways:

**Mail: 300 Shadow Wood Park, Ste. 100
Birmingham, AL 35244**

Fax: (205)733-0977

Email: TheHandsProgram@gmail.com