

Autism Works Volunteer Application



Thank you for your interest in serving as a volunteer for Autism Works. We look forward to receiving your application!

All volunteers must be registered with Family Care Safety Register to work with our organization. Once you are registered, please send a copy of your registration with your application.

Please register at: <http://health.mo.gov/safety/fcsr/>

First and Last Name	
Date of Birth	
Home Address	
Home Phone	
Cell Phone	
Email Address	

How did you hear about Autism Works?

Why do you want to volunteer?

What experience do you have working with children with autism spectrum disorders?

Personal References

Name	
Relationship to applicant.	
Title	
Phone Number	
Email	

Name	
Relationship to applicant.	
Title	
Phone Number	
Email	

Confidentiality Agreement

I have expressed interest in a volunteer opportunity at Autism Works. I understand that during the course of this experience, interactions with individuals and youth with autism spectrum disorders, their families may occur. Information about participants is confidential and is not to be used for any personal or private use. No identifying information about participants is to be revealed in subsequent discussion or writing about the program experience.

I have read, understand and agree to the above statement.

Signature: _____ Date: _____

Liability Waiver

As a volunteer or staff member for Autism Works, I understand that I hereby agree to waive any claim for liability against Autism Works or Helms Properties, LLC based on injury arising out of participation in any activities. This is a voluntary release for any and all future injuries or accidents arising out of participation in any activities of Autism Works. The undersigned is aware of the risks of attending, traveling to and from, and participating in all events and hereby assumes all risks.

Signature: _____ Date: _____

Emergency Contact Information

Name	
Relationship	
Day Phone Number	

If you have any questions please contact us at 816-792-0019 or by email at info@autism-works.org

Please mail or email volunteer application and Family Care Safety Registration to:

Autism Works
915 East H Highway
Liberty MO 64068