

One World Center for Autism, Inc.

Linking those living with autism to their world

www.worldforautism.org

7401 Forbes Blvd. Suite A

Lanham Maryland, 20706

301-618-8395

Fax-301-618-8396



One World Pediatrics

Making a world of difference for children of all abilities

Volunteer Application

Contact Information

Name	
Date of Birth	
Social Security Number	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability/ Commitment

During which hours are you available for volunteer assignments?

___ **Weekly (specify):**

___ Weekday mornings

___ Weekend mornings

___ Weekday afternoons

___ Weekend afternoons

___ Weekday evenings

___ Weekend evenings

___ **Monthly**

___ **Quarterly**

Interests

Tell us which areas you are interested in volunteering

___ Programs and Events

___ Fundraising

___ Childcare/ Respite Care

___ Enrichment and Recreational Programs

___ Other _____

Do you have any prior misdemeanors, convictions, and or felonies? Yes _____ No _____

If Yes, please attach a description of each incident.

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(Please note that for the safety of our participants we do perform background checks on all volunteer applicants. You can find the link: http://www.coeusglobal.com/council_md_owca.html for the background check on: <http://www.worldforautism.org/forms-for-parents-and-volunteers/>)

Are you under the care of a physician for any physical or psychological ailment which might impede your ability to work? If yes, please provide a certificate from the physician as to your ability to satisfactorily and safely perform your duties.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are 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. **Parent's Signature required for volunteers under the age of 18.**

Volunteer's Name (printed):	Parent's Name (Printed):
Signature:	Parent's Signature:
Date	Date:

Our Policy

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. All information in this application will be confidential. Thank you for completing this application form and for your interest in volunteering.

Volunteer Photo Release

I, _____, give permission for the One World Center for Autism, Inc. to photograph me for the purposes of programming and promotion of programming at the One World Center for Autism, Inc.

Name:

Date:

Signature:

*****PLEASE DO NOT COMPLETE*****

NOTES: (to be completed by OWCA Staff)

- Date Application Received: _____
- Background Check Cleared: _____
- Date Waiver received: _____
- Date Orientation Completed: _____
- Other Notes:
