



110313 Aboite Center Road
Fort Wayne, IN 46804

Phone: (260) 459-6040
Fax: (260) 459-6010

10820 Coldwater Road
Fort Wayne, IN 46825

Volunteer Application

Today's Date: _____

Contact Information

Name: _____

Street Address: _____

City / State / ZIP Code: _____

Home/Cell Phone: _____

E-Mail Address: _____

Birthdate: ____/____/____

Availability

During which hours are you available for volunteer assignments? (Circle all that apply.)

Weekday mornings 9:00 A.M to 12:30 P.M.

Weekday afternoons 12:30 P.M. to 5:30 P.M (Summer 4:30 P.M.)

Special Skills or Qualifications

Summarize special skills (teaching experience, sports, art, music, kid party planning, decorating, etc) 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.

Location

Please indicate which location you are interested in. (Check all that apply.)

- South: 10313 Aboite Center Road, Fort Wayne, Indiana 46804
- North: 10820 Coldwater Road, Fort Wayne, IN 46825

Criminal History

Have you ever been convicted of a crime(s)? If yes, give date(s) and details:

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.

To Parents and Legal Guardians:

Your signature below gives consent for your child applicant (under 18 years of age) to join Children's Autism Center's volunteer program.

Name (printed): _____

Signature: _____

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.

Thank you for completing this application form and for your interest in volunteering with us.