



"When your child has Autism, play becomes serious business—and support becomes essential."

Volunteer Application

Contact Information

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

Personal Information

Have you ever been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes please explain		
Have you lived in another state in the last five years	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH STATES _____
Do you object to our agency running a background check on you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Special Skills or Qualifications

Occupation (current or before retirement)	
Education and Training Background	
Experience with individuals with Autism Spectrum Disorder	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings If specific days and times please list here:
 Weekday afternoons
 Weekday evenings

Interests

Tell us in which areas you are interested in volunteering.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Personal References

Please list the name and contact information of 3 personal references. References should have known you for at least 6 months, should not be relatives, or live in the same household.

- 1.
- 2.
- 3.

Person to Notify in Case of Emergency

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

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.

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.

Office use only:

Screening Process	Date Completed/Comments
WI Background check	
Alternative States Background Check	
Personal Reference One	
Personal Reference Two	
Personal Reference Three	
Confidentiality Training/Form	
Volunteer Log	
Specific Training to Volunteer position	

Volunteer Applications:

Please mail your completed Volunteer Application to:

Common Threads Family Resource Center
5979 Siggelkow Road
McFarland, Wisconsin 53558
Attn: Volunteer Coordinator

info@commonthreadsmadison.org
OR Subject: Volunteer