



VOLUNTEER APPLICATION

Howard | Montgomery | Anne Arundel

YES, I want to volunteer at the Autism Society of Maryland (AUSOM).

Personal Information			
Volunteer Name		Date	
E-mail	Preferred Pronouns	DOB	Age
Phone #1	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	Phone #2	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W
Address	City	State	Zip
Do you have access to reliable transportation? (Circle one) Y / N			
Please choose a t-shirt size: <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL			
What volunteer opportunities most interest you? (Check/circle all that apply)			
<input type="checkbox"/>	Spring Fundraiser – Gala, Cornhole (Spring)	<input type="checkbox"/>	General Office Assistance
<input type="checkbox"/>	Every Step Counts Autism Walk & 5K Run (October)	<input type="checkbox"/>	Marketing/Social Media/Photography
<input type="checkbox"/>	Social Events	<input type="checkbox"/>	Fundraising Efforts
<input type="checkbox"/>	Programs (Workshops, Seminars, etc.)	<input type="checkbox"/>	Education and Advocacy
<input type="checkbox"/>	Autism Acceptance Month (April)	<input type="checkbox"/>	Other _____
Please list any special skills or talents you might share with AUSOM:			
Emergency Contact			
Name	Relationship to Volunteer	Phone	
Parental Consent (For volunteers under 18 unaccompanied by an adult)			
_____ has my permission to participate in this volunteer opportunity at AUSOM.			
Name of Volunteer			
Signature of Parent/Legal Guardian		Phone	Date
Waiver (Please read the following waiver carefully before signing this application)			
By signing my name below, I release and forever discharge and hold harmless the Autism Society of Maryland (AUSOM) and its successors and assign from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with AUSOM. I certify that all the information I have provided here is true and has been given voluntarily and may be disclosed to any party with legal and proper interest. I agree that the Autism Society of Maryland may take photographs and video of me and that these images will be used to promote AUSOM with no compensation to me.			
Signature of Volunteer		Printed Name	Date

PLEASE RETURN THIS FORM TO:

- EMAIL info@autismsocietymd.org
- MAIL AUSOM, 9770 Patuxent Woods Drive, Suite 308, Columbia, MD 21046
- ONLINE www.autismsocietymd.org