



**Autistic Community Activity Program**  
**2017 Summer – Volunteer Application Form**  
 PO BOX 4606 – Portland, OR 97208  
 503-646-0266 – [www.acappdx.org](http://www.acappdx.org)

Office Use Only:  
 Date Received:

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Thank you for expressing an interest in becoming a volunteer for Autistic Community Activity Program (ACAP). Volunteer contributions of time, talent and resources are vital in fulfilling our mission to provide education through recreation for people with Autism (ASD).

In order to support ACAP, members, parents, volunteers and staff, camper’s safety and protection standards have been established regarding a person’s involvement as a volunteer. ACAP **requires** each prospective volunteer to: (1) Complete and sign this Volunteer Application Form and (2) Complete the application process by: Agreeing to a background check, providing personal references and participating in a brief interview. Please note that your information is handled confidentially and kept in a secure file accessible only to appropriate ACAP staff following the receipt of your application.

Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 How long have you lived in the area? \_\_\_\_\_  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 During camp, we sometimes use text messaging. May we text you at this cell #?  Yes  No  
 Email address: \_\_\_\_\_ T-shirt size for camp: \_\_\_\_\_  
 Current employer: \_\_\_\_\_ how long? \_\_\_\_\_  
 Supervisor’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Please list highest level of education: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Have you ever been convicted of a crime, other than a traffic violation?  Yes  No  
 If yes, what charge? \_\_\_\_\_ Date convicted: \_\_\_\_\_ Where: \_\_\_\_\_  
 Do you consent to a routine check of your criminal records?  Yes  No  
 Will you be registering a camper for ACAP this summer?  Yes  No  
 Will you need an ACAP Director to sign off on your volunteer hours?  Yes  No  
 Why are you interested in volunteering with ACAP? \_\_\_\_\_

Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you would like at ACAP: \_\_\_\_\_

Please describe any prior experience with people having special needs and/or Autism: \_\_\_\_\_

Please check any of the following for interest, skills and availability:

- |  |   |
|--|---|
| <input type="checkbox"/> Office work (filing, etc.)    | <input type="checkbox"/> Committee work         |
| <input type="checkbox"/> Annual picnic                 | <input type="checkbox"/> Newsletter/articles    |
| <input type="checkbox"/> Fundraising                   | <input type="checkbox"/> Public Relations       |
| <input type="checkbox"/> ACAP sites (set-up/take-down) | <input type="checkbox"/> Bookkeeping/accounting |
| <input type="checkbox"/> Labels for Education          | <input type="checkbox"/> Professional Services  |
| <input type="checkbox"/> Cleaning                      | <input type="checkbox"/> Board Member           |
| <input type="checkbox"/> Sign Language                 | <input type="checkbox"/> Grant writing          |

When are you available to volunteer? (Please specify days, times and the length of commitment you would like to make): \_\_\_\_\_

What do you hope to gain from your experience with ACAP? \_\_\_\_\_

Any other comments: \_\_\_\_\_

Please list three personal, academic or professional references that are not related to you:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

What is this person's connection to you? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

What is this person's connection to you? \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

What is this person's connection to you? \_\_\_\_\_

As a volunteer of ACAP, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that ACAP, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature \_\_\_\_\_ Date \_\_\_\_\_