



# An Autastic Dream, Inc. Volunteer Application

---

## Personal Information

Name: \_\_\_\_\_

Date of Birth (Must have parental consent if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

---

## Availability

Please indicate the event/program you are available to volunteer:

- Autastic Summer Camp  Autastic Sensory Drop-in play  Back to School giveaway   
Basketball Program  Autastic Formal  Autastic Extravaganza  Autastic Golf Tournament  
 Any
- 

## Experience & Skills

Please describe any previous volunteer experience you have, particularly with children or individuals with autism:

---

---

Please list any skills or certifications that you feel would benefit your role as a volunteer at Autastic Summer Camp:

---

---

---

### **Background Declaration**

Please initial next to each statement to indicate your understanding and agreement:

\_\_\_ I hereby declare that I am at least 18 years of age.

\_\_\_ I understand that a background check may be conducted to ensure I have no criminal history involving indecent liberties with a minor or any sexual offenses, alcohol and substance abuse, violent charges, nor have I been placed on any sex registries in any state.

\_\_\_ I agree to adhere to all camp policies and procedures and to act in the best interest of all camp participants at all times.

\_\_\_ I acknowledge that volunteering at Autastic Summer Camp is a commitment, and I pledge to fulfill my responsibilities with enthusiasm and integrity.

---

### **Signature**

I hereby certify that the information provided on this application is true and complete to the best of my knowledge. I understand that falsifying information on this application can result in my immediate disqualification from the volunteer program. By signing below, I express my genuine interest in volunteering with the Autastic Summer Camp and agree to all the terms mentioned above.

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

Signature of parent/guardian if under 18:

---

**Please return this completed application to the An Autastic Dream Center at 3726 N. Main Street, Farmville NC 27828 in person or by email([ashantiwill@anautasticdream.com](mailto:ashantiwill@anautasticdream.com))Thank you for your interest in making a difference in the lives of children with autism and the community!**