



## VOLUNTEER APPLICATION

Name	t-shirt size	
Address		
City	State	Zip
Phone	Cellular	Email
Emergency Contact/Phone #		
Please check		
<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> ABA Therapist	<input type="checkbox"/> Teacher
<input type="checkbox"/> Teacher's Aide	<input type="checkbox"/> Parent	<input type="checkbox"/> Outside Volunteer
Related Experience		
_____		
_____		
_____		
<input type="checkbox"/> Security Clearance where _____		
<input type="checkbox"/> CPR Certified <input type="checkbox"/> First Aid		
References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.		
Name _____		Telephone _____
Name _____		Telephone _____
How did you hear about us?		
<input type="checkbox"/> Yes <input type="checkbox"/> No    Attend volunteer training .		
_____ I will follow the Volunteer Manual and Guidelines to the best of my ability.		
Initial		
<b>Signature</b>		<b>Date</b>

Please fax to 951/686-0540, thank you! Betty