



## Pacific Autism Center for Education Volunteer and Intern Profile

Information About You			
Name of Volunteer			
Home Address			
City, State, Zip			
Home Telephone		Work Telephone	
Cell Phone		E-Mail Address	
I prefer to be reached	<input type="checkbox"/> at Home <input type="checkbox"/> at Work <input type="checkbox"/> by Cell <input type="checkbox"/> by E-Mail		
Are you over 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No (parental authorization required)		
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	<input type="checkbox"/> No <input type="checkbox"/> Yes*		
<small>*If <b>yes</b>, state the nature of the crime(s) and the disposition of the case. (Use additional paper.) The date and nature of the offense, the circumstance and the relevance of the offense to the position applied for will be considered.</small>			

Emergency/Parent Contact Information			
1. Name and Relationship			
Address			
Home Phone		Work or Cell Phone	
2. Physician's Name			
Physician's Phone			

Professional Background or School			
1. Company/School		Title	
Dates			
2. Company/School		Title	
Dates			

Volunteer Experience			
1. Organization			
Dates		Position	
2. Organization			
Dates		Position	

## References

1. Name/Relationship		Phone	
2. Name Relationship		Phone	

## Volunteer Interests and Availability

Why are you interested in volunteering at PACE?						
Interests (Check as many as apply)	<input type="checkbox"/> Administrative/Clerical		<input type="checkbox"/> Special Events			
	<input type="checkbox"/> Outreach		<input type="checkbox"/> Maintenance			
	<input type="checkbox"/> Classroom Volunteer (Sunny Days)		<input type="checkbox"/> Board Opportunities or Committees			
Available Days	Monday	Tuesday	Wednesday	Thursday	Friday	Virtual
Available Times						

## Volunteer Skills

<input type="checkbox"/> Accounting/finance	<input type="checkbox"/> Fundraising/Grant Writing	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Art	<input type="checkbox"/> Gardening	<input type="checkbox"/> Public Speaking/PR/Marketing
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Graphic Arts	<input type="checkbox"/> Teaching
<input type="checkbox"/> Computer Data Entry	<input type="checkbox"/> Music/dance	<input type="checkbox"/> Writing/Editing
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Photography	<input type="checkbox"/> Other

All PACE volunteers (and paid staff) are required to sign a confidentiality agreement. By signing on the space below, you agree that you will keep confidential all information you learn about clients, families and business practices as an observer or a volunteer for this agency.

I, the undersigned have read, fully understand and agree to abide by the rules, and guidelines which govern my participation as a volunteer at PACE. I hereby release and discharge the Pacific Autism Center for Education and its officers, employees, agents, clients and volunteers from any and all liability arising out of, occurring during or in connection with my volunteer activity and all related activities including but not limited to receiving instructions in said activity, the performance of the activity or any activities incidental thereto regardless of the location of the activity, all liabilities associated with any and all claims related to such activity that may be filed on my behalf. For purposes of this agreement, liability means all claims, demands, losses, injuries, damages, causes of action, suits or judgments of any and every kind that occur during my volunteer experiences. It is my intention through this agreement to exempt and relieve PACE from any and all liability for personal injuries or property damages which occur during the course of participation at PACE.

I understand that PACE is not obligated to provide a volunteer placement and acceptance as a volunteer may be contingent on additional screening including: Background check, Reference check, TB check and/or Fingerprint check. I give consent to PACE to contact my references and authorize my references to release any information requested. Opportunities for volunteers are provided without regard to religion, race, national origin, age or sex.

\_\_\_\_\_  
**Signature of Volunteer Applicant**                      **Date**

<b>FOR PACE</b>	
Volunteer Position _____	
Supervisor _____	
Start Date _____	
Date Fingerprinted _____	Date Cleared _____