



VOLUNTEER APPLICATION

Howard County Autism Society

Date _____

Name _____

Home Address _____

City, State, Zip: _____ DOB: _____ Age: _____

Phone _____ Email: _____

Please choose a t-shirt size: ___ Youth Sm. ___ Youth Med. ___ Youth Lg. ___ Small ___ Medium ___ Large ___ XL ___ XXL ___ XXXL

How did you hear about HCAS? _____

What volunteer job(s) most interest you? *(check all that apply)*

General Office Annual Gala (April) 5K Run/Walk (October) Marketing/Social Media

Photography Fundraising Efforts Education & Advocacy Social Events

Programs (Workshops, Seminars, etc.) Other _____

Please list any special skills or talents you might share with HCAS _____

Do you have access to reliable transportation? _____

In the event of an emergency, the following person should be contacted:

_____	_____	_____
Name	Relationship	Phone

Parental Consent (for volunteers under 18 unaccompanied by an adult):

_____ has my permission to participate in this volunteer opportunity with HCAS.
Name of Volunteer

Signature of Parent/Legal Guardian Date

Please read the following carefully before signing this application:

By signing my name below, I release and forever discharge and hold harmless the Howard County Autism Society (HCAS) and its successors and assign from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with HCAS. 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 Howard County Autism Society may take photographs and video of me and that these images will be used to promote HCAS with no compensation to me.

Signature _____ Printed Name _____ Date _____