



Autism Evansville  
PO Box 8052  
Evansville, IN 47716  
**VOLUNTEER APPLICATION**

Name:  
First: \_\_\_\_\_ Middle: \_\_\_\_\_ Maiden: \_\_\_\_\_ Last: \_\_\_\_\_

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

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

Phone: ( ) Cell Phone: ( )

E-mail: \_\_\_\_\_ Date of Birth: (MM/DD/YYYY): \_\_\_\_\_

Are you under the age of 18? \_\_\_YES \_\_\_NO (if YES, see parent/guardian signature below)

Gender (circle one): Male Female Ethnicity (optional): \_\_\_\_\_

Are you volunteering as a: \_\_\_Community Member \_\_\_Student \_\_\_Church Group \_\_\_Business

If you are volunteering through a business or organization, what is its name? \_\_\_\_\_

Have you been convicted, pled guilty, or pled no contest to a criminal offense (other than a minor traffic violation) which has not been expunged? \_\_\_YES \_\_\_NO

Arrested for a drug or sexual related offense or act of violence? \_\_\_YES \_\_\_NO

Convicted of a felony or charged with any offense involving drugs, alcohol, child abuse, sexual aberrations or any moral turpitude? \_\_\_YES \_\_\_NO  
(If yes to any of the above questions, please attach a sheet listing the type of offense, locations, and date for further review.)

I hereby affirm that the above information is true and complete to my knowledge. By providing direct services to children, I authorize Autism Evansville to conduct a criminal record check, which will be contingent upon my placement and or continuation with all programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent/Guardian signature required if volunteer is under 18 years of age:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

*Autism Evansville does not discriminate on the basis of sex, color, religion, national origin, age or disability in any of its programs or activities.*

REVISED 7/11/2016