



CALIFORNIA AUTISM FOUNDATION

4075 Lakeside Drive · Richmond, California 94806 · Please fax to: (510)758-1040

Fax to Development Department

www.calautism.org

California Autism Foundation Volunteer Application

Name _____ D.O.B _____

Address(s)
Home _____

Office _____

Home Telephone _____ Other _____

e-mail address _____

Social Security Number _____ -- _____ -- _____ Driver's License _____

What type of activities are you interested in?

What days and hours are you available to volunteer?

CAF can use volunteers in all of our programs. Please check which program(s) interest you.

- | | |
|---|---|
| <input type="checkbox"/> ABC Richmond Day Program * | <input type="checkbox"/> ABC Supportive Living Services |
| <input type="checkbox"/> ABC Marin Day Program | <input type="checkbox"/> ABC Residential * |
| <input type="checkbox"/> ABC School | <input type="checkbox"/> Administration |
| <input type="checkbox"/> ABC Work Activity Program | <input type="checkbox"/> ABC Transportation * |
| <input type="checkbox"/> ABC Supportive Employment | <input type="checkbox"/> Special Events |

Would you consider volunteering for the following activities?

- | | |
|---|--|
| <input type="checkbox"/> baseball events | <input type="checkbox"/> music |
| <input type="checkbox"/> craft activities | <input type="checkbox"/> art/crafts |
| <input type="checkbox"/> dance activities | <input type="checkbox"/> massage |
| <input type="checkbox"/> day trips | <input type="checkbox"/> adult education |
| <input type="checkbox"/> dining out activities | |
| <input type="checkbox"/> celebration/party activities | |
| <input type="checkbox"/> overnight and/or day camp activities | |
| <input type="checkbox"/> other _____ | |

Do you speak another language other than English? Please state _____

Thank you for your volunteer support!

Volunteer Signature _____ Date _____

* Licensed facilities



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The California Autism Foundation works in partnership with Community Care Licensing, a division of the California Department of Social Services.

Check here if you plan to work in one or more of our Licensed Facilities for more than three days. By checking this box, you agree by policy of the California Autism Foundation to complete a background and health screening check at no cost to you. By checking here you also understand that until we receive the necessary clearances we can not allow volunteers to work in our licensed facilities.

Volunteer Signature

Date

The mission of the California Autism Foundation is to provide to people with autism and other disabilities the best possible opportunities for lifetime support and training to assist them to reach their highest potential for independence, productivity, and fulfillment. We are also committed to building public awareness concerning people with developmental disabilities and their potential contribution to society.