

AuSM VOLUNTEER FORM

Thank you for your interest in volunteering with the Autism Society of Minnesota. AuSM is strong with the support of the Minnesota autism community, and we are grateful for all of our dedicated volunteers who use their compassion, special skills, and knowledge to forward AuSM's mission.

To complete this form, please type directly into the PDF, print, scan and e-mail to Kelly Knack, AuSM Volunteer Coordinator, at kknack@ausm.org. Acrobat Reader will not allow you to save data in the form. You also may print and fax the form to 651.642.1230 or mail to: AuSM; Attn: Kelly Knack; 2380 Wycliff St., #102; St. Paul, MN 55114.

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____

Special Skills, Qualifications or Previous Volunteer Experience

Share your special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. List any specific ways you feel AuSM could benefit from your help.

Can AuSM staff or board contact you as a resource? Yes No

Would you be interested in being a Speaker Panelist or Presenter?

Yes No

If yes what topic _____

The information I have provided to AuSM is true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____

Photo Release

I hereby give the Autism Society of Minnesota (AuSM) permission to publish photographs or video of me in any promotional material without incurring any liability to AuSM or any photographer/videographer hired on behalf of AuSM. The materials may include, but are not limited to, newsletters, annual reports, brochures, advertisements, websites, social media sites, training materials, and/or posters.

Signature _____

Name (printed) _____

Signature _____

Date _____

By typing your name on the signature lines above, you acknowledge it to be binding in substitution for your handwritten signature and that it indicates your approval of the information contained in this document.

Volunteer Opportunity Interest Area

Check all that apply

- Advocacy
- Conference
- Education
- Finance
- Fundraising
- Peer Mentor

Leadership

Check all that apply

- Committee Chair or Co-Chair
- Board Member
- Advisory Board
- Community Involvement

Professional Advice

Check all that apply

- Legal
- Educator
- Finance
- Human Resources
- Marketing
- Public Relations
- Other

Helping Hands

Check all that apply

- Office/Admin. tasks
- Camp Support
- Workshop Support
- Program Support
- Other

Person to Notify in Case of Emergency

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

AuSM

Established in 1971, the Autism Society of Minnesota (AuSM) is a non-profit 501(c)(3) organization committed to education, advocacy and support designed to enhance the lives of those affected by autism from birth through retirement.