



# VOLUNTEER APPLICATION

**Thank you for your interest in becoming a Volunteer with The AutisticFit Society. Please fill out the application below and email it to [autisticfitsociety@gmail.com](mailto:autisticfitsociety@gmail.com).**

1. Volunteering for AutisticFit Society is a commitment to action and accountability. You will receive no payment or salary for your participation.
2. Your commitment as a VOLUNTEER also requires that you actively participate on one Volunteer Team in a category of your choosing. The Teams are: Fiscal Development and Fundraising, Marketing and PR, Membership, Programming, Special Events and Technology.
3. As a VOUNTEER, you will be expected to volunteer your skills, contacts, ideas, advice, etc. to help establish and create Autistic Fit Society's vision and mission in the world.
4. You agree to serve as a VOUNTEER for a period of one year.
5. If approved as a VOUNTEER, you agree to sign a confidentiality agreement. A copy of this agreement will be given to you to sign at the time of your approved application.
6. Maintaining your status as a VOUNTEER is contingent on your successfully participating in the ways detailed above. Failure to honor your commitment described herein, taking any action on behalf of AutisticFit Society that is not authorized by the Volunteer Team or by the Board or breaching the Confidentiality Agreement will result in you being removed from your Volunteer position.
7. You may choose to withdraw as a VOLUNTEER at any time for any reason. We ask that you provide us with 30 days notice. AutisticFit Society also reserves the right to terminate your membership for any reason at any time.

## CONTACT INFORMATION

|                                  |                                  |
|----------------------------------|----------------------------------|
| FIRST NAME                       | FIRST NAME                       |
| ADDRESS, CITY & STATE            |                                  |
| PRIMARY NUMBER                   | SECONDARY NUMBER (IF APPLICABLE) |
| EMAIL                            | WEBSITE (IF APPLICABLE)          |
| FACEBOOK ADDRESS (IF APPLICABLE) | TWITTER USERNAME (IF APPLICABLE) |
| YOUR BIRTHDAY (YEAR IS OPTIONAL) | EMPLOYER                         |
| OCCUPATION                       |                                  |

ANY COMMITTEE OR BOARD POSITIONS YOU CURRENTLY HOLD

Please mark the volunteer teams in which you are interested in participating. List your top three in order of preference from 1-3 (with 1 being your first choice) in the event any of the teams are at capacity.

Fiscal Development and Fundraising

Marketing and Public Relations

Membership

Programming

Special Events

Technology

PLEASE RESPOND TO THESE QUESTIONS (USE AS MUCH SPACE AS YOU NEED)

How did you hear about Autisticfit Society?

How do you feel you resonate with Autisticfit Society's mission and vision:

What skills, contributions and resources can you personally bring to Autisticfit Society and intend to express as a Volunteer for the benefit of the organization?

What is your occupation and in what way will your work experience assist Autistic fit Society?

How many hours per week or per month can you contribute to Autisticfit Society? \_\_\_\_\_

REFERENCES

Please provide contact information for two (2) entertainment, media and/or personal references we may speak with:

Reference # 1

|       |       |              |  |
|-------|-------|--------------|--|
| NAME  |       | COMPANY      |  |
| PHONE | EMAIL | RELATIONSHIP |  |

Reference #2

|       |       |              |  |
|-------|-------|--------------|--|
| NAME  |       | COMPANY      |  |
| PHONE | EMAIL | RELATIONSHIP |  |

Thank you for reaching out and submitting this application which will be reviewed by the Autisticfit Society Board of Directors and the Autisticfit Society Executive Team. We are grateful for your interest and support of Autisticfit Society.

By signing and dating below, you warrant that the information provided above is true and correct and agree to the terms and conditions outlined herein. Please sign and date the application below:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Thank you,  
The Autisticfit Board of Directors

|                                |                         |
|--------------------------------|-------------------------|
| FOR OFFICE USE ONLY            |                         |
| Approved by:                   |                         |
| Autisticfit Society            |                         |
| Member: _____                  | Date: _____             |
| Committee/s assigned to: _____ |                         |
| Active Volunteer: _____        | On Call Volunteer _____ |