



YES, I want to volunteer at the Howard County Autism Society (HCAS).

Personal Information			
Volunteer Name		Date	
E-mail		DOB	Age
Phone #1	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	Phone #2	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W
Address		City	State Zip
Do you have access to reliable transportation? (Circle one) Y / N			
Please choose a t-shirt size: <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL			
What volunteer opportunities most interest you? (Check/circle all that apply)			
<input type="checkbox"/>	Annual Pieces of the Puzzle Gala (April)	<input type="checkbox"/>	General Office Assistance
<input type="checkbox"/>	Annual One Step Closer Walk & 5K Run (October)	<input type="checkbox"/>	Marketing/Social Media/Photography
<input type="checkbox"/>	Social Events	<input type="checkbox"/>	Fundraising Efforts
<input type="checkbox"/>	Programs (Workshops, Seminars, etc.)	<input type="checkbox"/>	Education and Advocacy
<input type="checkbox"/>	Autism Awareness Month (April)	<input type="checkbox"/>	Other _____
Please list any special skills or talents you might share with HCAS:			
Emergency Contact			
Name		Relationship to Volunteer	Phone
Parental Consent (For volunteers under 18 unaccompanied by an adult)			
_____ has my permission to participate in this volunteer opportunity at HCAS.			
Name of Volunteer			
Signature of Parent/Legal Guardian		Phone	Date
Waiver (Please read the following waiver 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 of 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 of Volunteer		Printed Name	Date

PLEASE RETURN THIS FORM TO:

EMAIL info@howard-autism.org
 MAIL HCAS, 9770 Patuxent Woods Drive, Suite 308, Columbia, MD 21046
 ONLINE www.howard-autism.org