

Alexander Leigh Center for Autism Volunteer Application

Name _____ Today's Date _____

Mailing Address _____

City/State/Zip _____

Phone _____ Date of Birth _____

Email _____ Cell Phone # _____

Available Start Date _____ Known End Date _____

Emergency Contact Name _____ Emergency Contact Phone # _____

Would you like to volunteer _____ Weekly _____ Every other week _____ Monthly _____
(please circle one)

How many hours are you interested in volunteering? _____ Would you be willing to get a background check if it was requested? @ _____

Please indicate the times you are usually available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-10 am							
10-12 pm							
12-2 pm							
2-4 pm							
4-6 pm							

Areas of interest (check all that apply):

<input type="checkbox"/>	Cleaning	<input type="checkbox"/>	Organizing
<input type="checkbox"/>	Field Trip Assistant	<input type="checkbox"/>	Data Entry
<input type="checkbox"/>	Classroom Materials Making	<input type="checkbox"/>	General Maintenance
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Research
<input type="checkbox"/>	General Clerical Support	<input type="checkbox"/>	Board Member

Email Completed Application to lbaker@alcacenter.org

Alexander Leigh Center for Autism

620 N. IL Route 31, Crystal Lake, IL 60012

815. 477. ALCA(2522)

www.alcacenter.org