

# 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 have a background check if 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**  
**4100 Veterans Pkwy, McHenry IL 60050**  
**815.344.ALCA (2522) - Phone**  
**815.344.2526 - Fax**

**www.alcacenter.org**