**John Dewey Specialist Volunteer Application Form**

Thank you for your interest in volunteering with us and contributing to the positive impact on the lives of those with autism and special needs. Please complete this application form to help us understand more about you and where you might best contribute to our community.

**Personal Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**

How often are you available to volunteer? (e.g., hours per week, specific days)

Preferred Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience and Skills**

Do you have any previous volunteer experience? (Yes/No) \_\_\_\_\_\_

If yes, please describe your role and responsibilities:

Please list any skills or qualifications that you feel are relevant to volunteering with individuals with autism and special needs:

**Motivation and Interests**

Why are you interested in volunteering with John Dewey Specialist?

What areas of our program are you most interested in? (e.g., educational support, recreational activities, one-on-one mentorship)

**References**

Please provide the names and contact information of two references (non-family members) who can attest to your character and qualifications.

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Check**

Do you consent to a background check as part of the application process? (Yes/No) \_\_\_\_\_\_ (Note: A background check is required for all volunteers to ensure the safety of our community.)

**Signature**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in rejection of my application or termination of my volunteer position.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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