Volunteer Application

Autism Society of Miami Dade

For individuals interested in supporting programs, outreach, conferences, events, and family resources.

Volunteer Information

Full Legal Name

Preferred Name

Date of Birth (optional)

Street Address

City

State

ZIP

Mobile Phone

Email Address

Best Time to Contact

Emergency Contact Name

Relationship

Emergency Phone

Event / Program / Committee You Are Applying to Support

Availability

Available Days

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday
- ☐ Flexible / As Needed

Preferred Hours / Time Blocks

Start Date Available

Transportation Available?

Schedule Limitations or Special Considerations

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Volunteer Areas of Interest

Please check all areas that interest you.

- ☐ Event setup / breakdown
- ☐ Registration / check-in
- ☐ Family resource table
- ☐ Fundraising support
- ☐ Community outreach
- ☐ Social media / marketing
- ☐ Administrative support
- ☐ Conference support
- ☐ Special needs social clubs
- ☐ Translation / interpretation
- ☐ Photography / media support
- ☐ Other

Other Interest / Additional Details

Experience, Skills, Languages, and Certifications

Relevant Experience with Autism, Special Needs, Community Events, Fundraising, or Nonprofit Work

Skills / Certifications

- ☐ CPR / First Aid
- ☐ RBT
- ☐ BCBA / BCaBA
- ☐ Teacher / Educator
- ☐ Nursing / Medical
- ☐ Mental health / social work
- ☐ Bilingual English / Spanish
- ☐ Event planning
- ☐ Grant writing
- ☐ Technology / office support
- ☐ Background in ABA
- ☐ Other

Additional Skills, Languages, or Certifications

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Background / Screening Questions

Some volunteer assignments may require identity verification, reference checks, background screening, training, or additional approval, especially when working around children, adults with disabilities, or vulnerable populations.

Please answer the following:

- ☐ I am 18 years of age or older.
- ☐ I consent to reasonable volunteer screening if required.
- ☐ I have previously volunteered with a nonprofit.
- ☐ I have experience working with children or adults with special needs.

Reference Name

Reference Phone / Email

Please explain any background information, limitations, or special considerations.

Confidentiality, Code of Conduct, and Boundaries

I agree to maintain the confidentiality of any family, child, adult, donor, sponsor, vendor, or organizational information I may learn while volunteering. I agree to follow instructions from authorized Autism Society of Miami Dade representatives, act respectfully, avoid unsafe conduct, and maintain appropriate boundaries with children, adults, families, staff, volunteers, vendors, and community partners.

Acknowledgments

- ☐ I agree to follow volunteer instructions and event rules.
- ☐ I agree to protect confidential information.
- ☐ I agree to act respectfully and professionally.
- ☐ I understand volunteer placement may be changed or ended at any time.

For additional information or questions, please email us at: Office@autismsocietymiamidade.com

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Volunteer Hold Harmless, Injury, and Theft Disclosure

I understand that volunteering may involve ordinary risks, including but not limited to walking, standing, lifting, carrying, setting up or breaking down materials, travel, interaction with the public, weather conditions, and participation in community events. I voluntarily assume all risks associated with my participation.

To the fullest extent permitted by law, I agree to release, indemnify, defend, and hold harmless Autism Society of Miami Dade, its directors, officers, employees, agents, volunteers, sponsors, partners, contractors, event hosts, venues, successors, and assigns from and against any and all claims, demands, losses, damages, liabilities, injuries, illness, theft, property damage, costs, and expenses, including reasonable attorney fees, arising out of or related to my volunteer participation, except to the extent caused by gross negligence or willful misconduct.

I understand and agree that Autism Society of Miami Dade is not responsible for any injury, illness, accident, lost property, stolen property, theft, damage to personal belongings, money, electronics, equipment, vehicle, or other property before, during, or after any volunteer activity or event. I am responsible for securing my own belongings.

Required Hold Harmless Acknowledgment

- ☐ I have read and understand the hold harmless, injury, and theft disclosure.
- ☐ I voluntarily agree to participate under the terms above.

Photo / Media Consent

Autism Society of Miami Dade may take photographs, video, or other media during programs or events for nonprofit outreach, website, social media, publications, sponsor reports, and community awareness materials.

Photo / Media Permission

- ☐ I consent to photo / video / media use.
- ☐ I do not consent to photo / video / media use.

Volunteer Certification and Signature

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that inaccurate or incomplete information may result in denial or removal from volunteer participation.

Applicant / Authorized Representative Signature	Date	Printed Name

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Application Submission

Please submit the completed application with any required supporting documents. Final acceptance is subject to review and written approval by Autism Society of Miami Dade. Submission of an application does not guarantee acceptance, booth placement, sponsorship recognition, or participation in any specific event or program.

Submitted By

Submission Date

Preferred Contact Method

Office Use Only

Application Status

- ☐ Approved
- ☐ Denied
- ☐ Waitlisted
- ☐ More information requested

Reviewed By

Review Date

Amount Paid / Donation Received

Office Notes / Approval Conditions