



Volunteer Application Form

Thank you for your interest in volunteering for Autism Connections Fredericton!

Please help us to determine how to make the best use of your skills as a volunteer by **attaching your resume** and filling out the questions below:

1. GENERAL INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home #: (____) _____ Business #: _____ ext. _____

Cell#: (____) _____ Email: _____

What is your preferred method of communication?

Mail Phone E-mail

How did you find out about Autism Connections Fredericton?

Word-of-mouth Friend
 Work place Special Event
 Media (eg. television, newspaper) Other _____

What best describes your current situation?

Employed Retired Seeking employment Student Other

Please describe some of your reasons for wanting to volunteer with Autism Connections Fredericton:

Do you have access to a computer and the internet? Yes No

Do you speak any languages in addition to English? Please specify.

1. _____ 2. _____
 3. _____ 4. _____

Please indicate the type of work you have experience with:

- | | |
|---|---|
| <input type="checkbox"/> Accounting/ bookkeeping and financial administration | <input type="checkbox"/> Networking and partnership-building |
| <input type="checkbox"/> Administration / Reception | <input type="checkbox"/> Office management |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Clerical – data entry | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Community mobilization | <input type="checkbox"/> Program management (planning, implementation, monitoring and evaluation) |
| <input type="checkbox"/> Computer programming | <input type="checkbox"/> Project management |
| <input type="checkbox"/> Database (Access, etc) | <input type="checkbox"/> Recruitment and training |
| <input type="checkbox"/> Editing and/or Publishing | <input type="checkbox"/> Report writing |
| <input type="checkbox"/> Facilitation | <input type="checkbox"/> Volunteer coordination / management |
| <input type="checkbox"/> Filmmaking | <input type="checkbox"/> Web design and maintenance |
| <input type="checkbox"/> Grant and proposal writing | |
| <input type="checkbox"/> Graphic design | Other _____ |
| <input type="checkbox"/> Human resources | _____ |
| <input type="checkbox"/> Information systems / IT | _____ |
| <input type="checkbox"/> Journalism / media / communications | _____ |
| <input type="checkbox"/> Logistics and event organizing | _____ |
| <input type="checkbox"/> Marketing / Public Relations | _____ |
| <input type="checkbox"/> Narrative writing | _____ |

Please select your level of skill or experience in the following areas:

None=Have no experience
 Intermediate=Have at least 6 months experience
 Basic=Have less than 6 months experience
 Advanced=Have at least one year experience

	None	Basic	Intermediate	Advanced
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Software (MS Office):				
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GT Pro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Macromedia Contribute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please specify): _____				

2. AVAILABILITY

Please tell us about your availability:

Start date: (dd/mm/yy) _____ End date: (dd/mm/yy) _____

Hours per week: _____

Please indicate the times when you could be available for volunteering.
ACF is open Monday to Friday 9am to 3pm and Tuesday evenings 630pm to 9pm.
We also host occasional special events/activities on evenings/weekends.

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Weekends		

Is there anything else that you would like to tell us about your skills/ experience / interests?

3. REFERENCES

Please provide two references. These should be an employer/supervisor or an individual known through community involvement that you have known for at least 6 months. NOT a personal friend or family member.

Name: _____

Email: _____ Phone: (____) _____

Relationship to Applicant: _____

Name: _____

Email: _____ Phone: (____) _____

Relationship to Applicant: _____

Emergency Contact:

Name: _____ Phone #: (____) _____

4. CONSENT

I hereby authorize Autism Connections Fredericton to obtain references from the above individuals in connection with my application for a volunteer position. I hereby authorize the above named individuals to provide a reference in connection with my application for a volunteer position with Autism Connections Fredericton, and release them from any liability in regard to it.

I hereby certify that all information included in this application form is true and complete.

Signature: _____ Date: _____

Thank you for your interest in helping Autism Connections Fredericton!

