



Volunteer Enrollment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell#: _____

Preferred Contact Method: ___ Email ___ Cell Spouse Name: _____

Date of Birth Month: _____ Day: _____ Year: _____

Gender: _____ Languages spoken: _____

Brief Bio: _____

Times available: (Please Check)

___ Anytime ___ Morning ___ Afternoon ___ Evening

_____ Times ___ Number of Hours Maximum Per Month

___ Mondays ___ Tuesdays ___ Wednesdays ___ Thursdays ___ Fridays ___ Saturdays

___ Sundays

Interests:

___ **Event Volunteer -Daytime**

___ Registration (must be outgoing) ___ Auction ___ Spotters for Auction

___ Sales (raffle tickets, items, etc.)

___ **Event Volunteer-Evening**

___ **Office Volunteer** (weekdays only)

___ **Clerical** (as needed)

___ **Tutoring**

___ **General Volunteering**

___ **Working with the Children**

___ **Open to Anything**

Email: info@bocaschoolforautism.org

Phone: 561-826-9156

www.BocaSchoolForAutism.org



Qualifications:

Physical abilities: _____

Skills: _____

Describe Any Volunteer Experience you have had: _____

Employment information:

(If Retired Please note so on the line below).

Employer: _____

Does your company offer matching gifts or require you to volunteer? Yes or No. (Please circle one).

Additional Details:

T-shirt size: _____

Dietary Restrictions: _____

Allergies: _____

Physical Limitations: _____



Emergency Contact:

Relationship: _____

First Name: _____ Last Name: _____

Phone: _____ Phone type: _____

Email Address: _____

Address of Contact

Address: _____

City: _____ State: _____ Zip: _____