

AUTISM FYI ORGANIZATION

AFYI Volunteer Application

Please complete and mail Application Form to:
AFYI – 7507 Old Chapel Drive
Bowie, MD 20715
or Email to: admin@autismfyi.org



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Country			Phone			Phone (Other)	
E-mail Address				D.O.B			
Work/School Affiliation							
Tell us about yourself (e.g., occupation, relation to autism)							

OTHER INFORMATION

How did you hear about Autism FYI?							
Why are you interested in volunteering with Autism FYI?							
Limitations or restrictions to volunteering (if any)							
Desired length of involvement (e.g. 3months, 6months)							
Please identify your skills, abilities, and interests (check all that may apply) specify in spaces provided:							
<input type="checkbox"/>	Manning 24 Hour Hotline	<input type="checkbox"/>	Fundraising Events				
<input type="checkbox"/>	Writing for consumer audience Editing /Proof reading	<input type="checkbox"/>	Newsletter				
<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>	Grant Writing				
<input type="checkbox"/>	Promoting public awareness	<input type="checkbox"/>	Web Design				
<input type="checkbox"/>	Compiling resources for internet usage	<input type="checkbox"/>	Driver				
Have you ever been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
If so, for what offense?				When?			

VISIT US AT: <https://www.autismfyi.org>

I attest that the information above is truthful and accurate. Signature: _____