Date Received:



2015 Summer Volunteer Application:

DATE:_		

PLEASE PRINT LEGIBLY

Name:,		J	
LAST	FIRST	MI	
New Volunteer			
Returning- Years Employed:	Location: _		
Address:	City:	State:	Zip:
Phone: Email:			
Requesting: Full-time *Part-tin	ne Days available:	M Tu W Th	F
BACKGROUND HISTORY			
Have you ever been convicted of a felor	ny? Yes No		
If yes please explain:			
Are you currently awaiting trial for a crim	ninal offense? Yes	No	
New ACAP employees are required to s	ubmit to a criminal backgroun	nd check and to ha	ave fingerprints on file.
Will you consent to a full criminal backgr	round check? Yes	No	
Will you provide fingerprints at your own	expense? Yes I	No	

WORK EXPERIENCE

List your previous work	experience, beginning	with the most recei	nt.	
#1 Employer:			Phone:	
Supervisor's Name:		Reaso	on for leaving:	
Job description/duties: _				
Start Date:	End Date:	Pay Rate:	May we contact?	Y N
#2 Employer:			Phone:	
Supervisor's Name:		Reason for leaving:		
Job description/duties: _				
Start Date:	End Date:	Pay Rate:	May we contact?	Y N
#3 Employer:			Phone:	
Supervisor's Name:	sor's Name: Reason for leaving:			
Job description/duties: _				
Start Date:	End Date:	Pay Rate:	May we contact?	Y N
EDUCATION AND TRA	INING			
High School:	City/State:		Completed:	Diploma? Y N
College:	City/State:		Completed:	Degree? Y N
College:	City/State:		Completed:	Degree? Y N
You must have a curre	ent First Aid/CPR cert	ification to work a	nt ACAP.	
Do you hold a current C	PR/First Aid Card?	No: Yes:	Expiration d	ate:
Please list any additiona	al skills and/or training	that may pertain to	working with people with	autism:

EMPLOYEE STATEMENT

The facts set forth in this application are true and correct. I understand that any omission or misrepresentation of facts may result in refusal or termination regardless of when such omission or misrepresentation is disclosed.

I authorize Autistic Community Activity Program to check references and other information listed above, including a criminal background check. I authorize the listed employers to give ACAP any and all information concerning my previous employment, education and background that they may have, in consideration of my employment. I agree to conform to the rules and regulations of ACAP. I agree that my commitment is at-will and I may be terminated with or without notice, at any time, at the option of either ACAP or myself. This at-will agreement is the entire understanding between ACAP and me concerning the nature of my commitment.

Applicant's signature:	Date:
Print Name:	_
For HR Use ONLY	
Arrange InterviewYesNo	Date of Interview
Comments	
Hired:YesNo Hire Date:	
Site:	

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