



LUDIC

Volunteer Form

Volunteer Applicant Information	
Name	Date
Home Phone	Cell Phone
Street Address:	City, State, Zip
Email Address:	Are you over 18? Yes No
Volunteer Preferences	
What are your skills or interests?	
Are there specific volunteer roles/activities that interest you?	
Days/Times you are available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____	
I would like to volunteer: Weekly Every Other Week As Needed Special Events Only	
Date you are available to start:	
Program Information	
How did you hear about LUDIC?	
Do you have experience working with individuals with Autism Spectrum Disorder?	

Education Information			
Highest Level of Education (completed or in progress):			
High School/GED	Associate	Bachelor	Master
			Doctorate
			Certificate
Area(s) of study:			
Are you: Fulfilling service hours		Meeting class requirements for: _____	
Background Check			
Have you ever been convicted of a criminal offence for which a pardon has not been granted?		If yes, explain:	
Yes No			
I understand that as a condition of volunteering LUDIC may run a background check, to include the TN Abuse Registry. I authorize this check, and I also authorize LUDIC to contact my academic program office to confirm completion of a satisfactory background check. I understand that any information received through the check will remain confidential.			Applicant Signature
			Date
Emergency Contact			
Name		Relationship	
Phone		Alternate Phone	
Personal References			
Please provide three references who have known you at least 6 months and are not related to you.			
Name	Phone	Email	Relationship

The information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission may result in my dismissal from the LUDIC volunteer program.

I authorize LUDIC to contact and obtain references in connection with my application for volunteering.

Volunteer Name: _____ Date: _____

Volunteer Signature: _____

Parent/Guardian Signature (if under 18): _____