OUCARES Volunteer Application Oakland University Center for Autism Research, Education and Support

425C Pawley Hall Rochester, MI 48309-4494

Home Address: City & State: Zip Code:	Name:		email to <u>oucares@oakland.edu</u> o Date of Birth:		<u>aniana.euu</u> U	Sex: Male Female		
Current OU Student? Yes No If not OU student, current college/university: What is the class: What is the class: What is the class: What is the instructor name: What is your area of study Please tell us how you heard about OUCARES: OUCARES website Class or Instructor Class/Instructor name: OUCARES event or program OUCARES event or program OUCARES event or programs OUCARES event or programs OUCARES event or programs OUCARES event or programs OUCARES event or programs of the recommendation of the recommendatio	Home Address:		City & S	City & State:		Zip Code:		
If not OU student, current college/university: If this is to fulfill a university requirement how many hours do you need: What is your area of study Please tell us how you heard about OUCARES: OUCARES website Friend OUCARES website Friend OUCARES website Glass or Instructor Class/Instructor name: OUCARES website Friend OUCARES sevent or program If yes, what year(s) and program(s): Days and times available for 1-hour Training on Autism and a Volunteer's role: List any special skills, interests, training: List any special skills, interests, training: List the OUCARES program(s) you would like to be a volunteer: Ranking Program Name Day of week Dates Time 1ª Choice 3º Choice 3º Choice 3º Choice 3º Choice 1 certify that all information provided on this application is completely accurate. I understand that any false statements or omissions may result in my elimination for consideration for volunteer status, or, if accepted, my termination. I hereby subnitize Oscikand University to make investigation of all statements contained in this application. I subnitize persons listed as references, my benine and present employers and eclustration is listed to confingent upon these results. I am aware that participating in Oscikadinal University Campus Recreation Programs, activities or events, and use of the facilities and equipment involve risk of injury, including, but not limited to the range of minor contusions/brasions to even the possibility in here are many other risks of injury, including, but not limited to the range of minor contusions/brasions to even the possibility in here are many other risks of injury, including, but not limited to the range of minor contusions/brasions to even the possibility in here are many other risks of injury, including serious disabling injures, with hem ay a second programs, activities or evens, and use of the facilities and equipment involve risk of injury, including serious disabling injures with hem as a condition of volunteer services or evens, and use o	Home Phone:		Cell Phone :		Email:			
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List any special skills, interests, training: List the OUCARES program(s) you would like to be a volunteer: Ranking Program Name Day of week Dates Time 1st Choice 2st Choice 3st Choice Volunteer Informed Consent Leartify that all information provided on this application is completely accurate. I understand that any false statements or omissions may result in my elimination for consideration for volunteer status, or, if accepted, my termination. I hereby authorize Oakland University to make investigation of all statements contained in this application. I authorize persons listed as references, my former and present employers and educational institutions listed to release any information concerning me that they deem appropriate. I release all parties from any liabilities or events, and use of the facilities and equipment involve risk of injury, including, but not limited to the range of minor contusions/abrasions to even the possibility of death. I also recognize that there are many other risks of injury notioning serious disabiling injuries, which may arise from grow and that I may possibility of death. I also recognize that there are many other risks of injury, including, but not limited to the range of minor contusions/abrasions to even the possibility of death. I also recognize that there are many other risks of injury, michaling serious disabiling injuries, which may arise from grow and that I may possibility of the risks of injury, which could occur, by which may arise from a proposition of OAKLAND UNIVERSITY. I release and discharge OAKLAND UNIVERSITY from any and all suits, causes of action, claims, demands or obligations of any kind ansing out of the reproduction of my photograph for the above stated purposes. I understand that my volunteer service is or no definite time period and that either Oakland University of may remain the response of the order of any other production of my photograph for the above stated purposes. I understand that my volunteer service is or no definite time period and tha	OUCARES website							
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Date Entered:

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