

OUCARES Volunteer Application

Oakland University Center for Autism Research, Education and Support
425C Pawley Hall Rochester, MI 48309-4494

Please **hand-sign forms** & email to oucares@oakland.edu or fax to 248-370-4242

Name:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Home Address:	City & State:	Zip Code:		
Home Phone:	Cell Phone :	Email:		
Current OU Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If not OU student, current college/university: _____ If this is to fulfill a university requirement how many hours do you need : _____		What is the class: _____ What is the instructor name: _____ What is your area of study _____		
Please tell us how you heard about OUCARES: <input type="checkbox"/> OUCARES website <input type="checkbox"/> Class or Instructor <input type="checkbox"/> Friend Class/Instructor name: _____ <input type="checkbox"/> OUCARES event or program <input type="checkbox"/> Other: _____				
Have you volunteered with OUCARES programs previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year(s) and program(s): _____				
List any special skills, interests, training:				
List previous experience working with individuals with Autism Spectrum Disorders:				
List the OUCARES program(s) you would like to be a volunteer:				
Ranking	Program Name	Day of week	Dates	Time
1 st Choice				
2 nd Choice				
3 rd Choice				

Volunteer Informed Consent

I 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 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 liability that may arise from such disclosure.

I understand that I may be subject to a criminal background investigation as a condition of volunteer service and that my volunteer status may be contingent upon these results. I am aware that participating in Oakland University's 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/abrasions to even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to participating, or attending and that is not possible to specifically list each and every individual injury risk. However, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the risks of injury, which could occur, by reason of my voluntary participation in the aforementioned of Campus Recreation. I hereby authorize my photograph which was taken by Oakland University, its employees, officers, representatives or agents to reproduce my photograph for the purpose(s) of editorial, illustration, advertising, trade or any other publication of OAKLAND UNIVERSITY. I release and discharge OAKLAND UNIVERSITY from any and all suits, causes of action, claims, demands or obligations of any kind arising out of the reproduction of my photograph for the above stated purposes. I understand that my volunteer service is for no definite time period and that either Oakland University or I may terminate the volunteer service relationship at any time for any reason or no reason. I understand that neither this document nor any offer of volunteer service constitutes an employment contract. If accepted as a volunteer, I agree to comply with and be bound by all of the personal policies and volunteer requirements of Oakland University.

I hereby acknowledge that I have read and understand the foregoing and intend to be bound thereby.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: (if under 18 years old) _____

Office Use Only: Season/Year:	Program:	Date Entered:
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