



ASperger Works Volunteers

Asperger Works, Inc.
"Putting Asperger's to Work"

Application

Date: _____

Name: _____
Last First Middle In.

Address: _____
Street State Zip Code

Phone/Cell: _____ Work Phone: _____

Email: _____

Availability

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Morning (9:00 – 11:00) ☐ Midday (11:00 – 1:00)
☐ Mid-Afternoon (1:00 – 3:00) ☐ Afternoon (3:00 – 5:00)

☐ Other _____

No. Hours a Week: _____

Could you help out on weekends (occasional) ☐ Yes ☐ No

Do you need any special accommodation? If, so please list below:

Do you have any food allergies? Please list below:

Education

Education	No. Years	School Name	Graduated (Y/N)	Year	Diploma/Degree/ Certificate
Elementary/Middle School (under 12)	_____		<input type="checkbox"/> Y <input type="checkbox"/> N	_____	
High School	_____		<input type="checkbox"/> Y <input type="checkbox"/> N	_____	
College	_____		<input type="checkbox"/> Y <input type="checkbox"/> N	_____	
Advanced Degree	_____		<input type="checkbox"/> Y <input type="checkbox"/> N	_____	
Other	_____			_____	

Please note all Volunteers over 18 years old, must fill out a Cori/Sori Form in order to be considered for a volunteer position.

All Volunteers must sign a waiver allowing you to volunteer for us. Volunteers under 18 years old must have parent (guardian) also sign the waiver form.

NOTE: It is the Volunteers' responsibility to notify the Volunteer Coordinator or staff member(s) if they are unable to fulfill their volunteer duties on the day(s) they are schedule to volunteer.

Questionnaire

1. Why do you want to Volunteer for Asperger Works Inc.?

2. Are you familiar with Asperger's Syndrome/High Functioning Autisms? ☐ Y ☐ N
(If yes, please tell us why/how?)

3. Please tell us about the skills you have that you feel could be helpful to our organization.

4. Do you have any hobbies or special interests? ☐ Y ☐ N
If yes, please tell us about it/them below.

4.What do you hope to gain from volunteering with Asperger Works?

Disclaimer

Asperger Works will not accept any misconduct or disrespect towards either staff or other volunteers. Sexual harassment or harassment of any kind for any reason will not be tolerated!

I, the undersigned, agree to behave in a respectful and caring manner while volunteering for Asperger Works, Inc.

Name: _____

Date: _____

Asperger Works, Inc. values diversity and is committed to being an equal opportunity employer. Candidates from all backgrounds, including people with disabilities, are encouraged to apply. Please contact us directly with questions that may arise throughout the application process, including but not limited to inquiries related to accommodation needs.

Volunteer Name: _____

☐ Check here if Volunteer is under age 18

Contact E-mail (required): _____

Parent or Legal Guardian Email (required if Volunteer is under age 18):

Address: _____

Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone Number: _____

☐ Check here to receive the Asperger Works Newsletter.

**VOLUNTEERS MUST COMPLETE THE
WAIVER AND RELEASE FORM
PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED
IF VOLUNTEER IS UNDER AGE 18**

Asperger Works, Inc.
20 Ballard Road
Lawrence, MA 01843
info@aspergerworks.org
Phone: 978-710-9951

WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for being allowed to participate in Asperger Works, Inc. volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the Asperger Works, Inc. or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("the Foundation") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Foundation are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Organization for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Organization has not arranged and does not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Foundation.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

PUBLICITY RELEASE

In return for being allowed to participate in Asperger Works, Inc. volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") hereby grants to the Foundation, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

(Signature of Volunteer)

Date

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