Volunteer Application

Pioneering Possibility for individuals with autism and their families since 1999





Name:			
Present Address:	First	Middle	Last
City/State/Zip:			
Email Address:(pare	nt's email address	if under 18)	
Phone Number:			
Emergency Contact:			
N	ame		Phone Number
Are you a current Faison Center — Yes employee or have you worked for		If yes, when and in	what capacity?
Faison in the past?	□ No		
Employer/School:			
Date of Birth:			
Areas of Interest:			
☐ Classroom Volunteer (for individuals 1 former staff in good standing)	I2-18 years old OF	Ra 🗆 Special Events (i	ndividuals 18 years & older)
☐ Classroom Observation (must be a recollege course)	equirement of a	□ Administrative (ir	ndividuals 18 years & older)
Availbility (check all that apply):			
о М о Т о W о ТН о F	□ Morning	□ Afternoon (before 4	pm) □ Evening (Special Events)
Do You Prefer to Volunteer:	kly □ Monthly	□ Occasionally	
Previous volunteer experience:	-		
Special skills, training, or certification:	:		
Why would you like to volunteer at Fa	ison?		

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How did you learn about volunteering at Faison?		
Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse or rape of a child?	□ Yes	S
Have you been investigated by the Department of Social Services (Child or Adult Protective Services Unit) for abuse or neglect with a result of "founded?"	□ Yes	8
Have you been convicted of a felony and/or a misdemeanor? If yes, please explain, and give dates of conviction, type of conviction, and jurisdiction where convicted	□ Yes	3
If you answered "Yes" to any of the above questions, The Faison Center may need to contact Child or Adult Protective Services before making a decision about your application. Do you grant The Faison Center the right to check with CPS/APS/Police regarding any of the above investigations and/or convictions? Anyone convicted of a misdemeanor or felony offense, especially an offense against a minor, may be disqualified from volunteering depending upon the nature of the offense and/or volunteer activity.	□ Yes	5
Release of Liability:		
A VOLUNTEER is defined as a person who has chosen to donate his/her time and talent, without cor with programs and activities at The Faison Center in an effort to enhance instruction and to promote In conjunction with my voluntary involvement undertaken for and with the participation and support of I,, hereby agree, for myself, my heirs, assigns, administrators to release and discharge The Faison Center, its officers and directors, agents, and volclaims, demands, and actions for injuries sustained to my person and/or property as a result of my in activities, whether or not resulting from negligence, and I agree to release and hold The Faison Center directors, agents and volunteers harmless from any cause of action, claim or suit arising there from. I attendance and involvement in such activities is voluntary, that I am participating at my own risk, and foregoing terms and conditions of this release. I hereby grant The Faison Center the irrevocable right likeness in any film, video tape, audio tape, photographs, slides, combinations thereof, for inclusion in advertising purposes, without any payment to me. By signing below I certify that the information proving true and correct to the best of my knowledge.	earning The Fai executo unteers volvemeer, its off hereby that I ha to use r	opportunities. ison Center, ors, and from all ent in such ficers and attest that my ave read the my name and omotional or
Signature: Date:		
Guardian Signature: Date:		

Please Return Completed Application To:

Mail: Volunteer Coordinator, The Faison Center, 1701 Byrd Avenue, Richmond, VA 23230

Fax: (804)612-1955

Email: jnixon@faisoncenter.org

Questions?

Contact Jenn Nixon at jnixon@faisoncenter.org or (804)658-2457.