



# Armenian Autism Outreach Project Volunteer Application

Full Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list all the languages you are familiar with and provide your level of knowledge (write, read, speak): \_\_\_\_\_

Please check **all that applies** to you: Parent ; Service Provider ; Other Professional  Please specify \_\_\_\_\_; Other \_\_\_\_\_

Please check an area you would like to volunteer for: \_\_\_\_\_Fundraising \_\_\_\_\_Community Outreach  
\_\_\_\_\_ Special Projects \_\_\_\_\_Public Relations \_\_\_\_\_ Technology (Website)  
\_\_\_\_\_ Other (Please State: \_\_\_\_\_)

How much time can you commit? #hours per week \_\_\_\_\_; #hours per month \_\_\_\_\_; Special occasions only \_\_\_\_\_; Other \_\_\_\_\_.

What is your Educational Background? \_\_\_\_\_

What (if any) organizations and/or associations are you involved in/volunteered for?

Why are you interested in volunteering for AAOP? \_\_\_\_\_

What knowledge or expertise can you offer to the AAOP through your volunteer work?