



VOLUNTEER OPPORTUNITIES

I. CAMP CABAT- SUMMER PROGRAM

- Assist with summer camp for children and teens with Autism Spectrum Disorders in both inclusive and self contained settings. Mandatory training provided by CFAII.

II. COMMUNITY AWARENESS EVENTS

- Assist with Annual Autism Awareness Walk in April.
- Assist with development and distribution of community awareness materials such as newsletters, brochures, etc.

III. FUNDRAISING

- Assist with Fundraising events such as Round Up For autism – November and Golf Tournament-November in the area of set up, staffing, preparation for event.
- Assist Executive Director as needed in areas of donor support, material development, etc.

IV. SOCIAL EVENTS

- Mentor a teen with Autism Spectrum Disorder on various community outings. Mandatory training provided.

Thank you for your interest!

Please contact Terry Millican for more information

terry@cfaii.org or 863-816-5886.

Volunteer Reference Form

**To be completed by non-relative of applicant*

Date _____, 20__

_____ has applied to be a volunteer with the Central Florida Autism Institute, Inc. Your kindness in completing and returning the following information would be greatly appreciated.

Please indicate your rating of the applicant on the following traits by placing a (X) in the appropriate box by each trait.

	Outstanding	Satisfactory	Needs Improvement	Unsatisfactory	Unable to Rate
Appearance					
Attendance/ Punctuality					
Attitude					
Initiative/Resourcefulness					
Judgment					
Maturity					
Ability to Relate to Children					
Ability to Relate to Peers					
Trustworthiness					
Ability to Follow Direction					

****Please explain any trait marked as unsatisfactory or unable to rate. Use the back of this form or additional sheet if necessary.***

Length of association: _____ years

What is the nature of your association (friend, teacher, employer, etc.)? _____

Would you employ the volunteer services of this person? _____

Would you recommend this person to volunteer with/around children? _____

Additional Comments: _____

Signature

Title

Date

Printed Name

Please return this form and the attached application by mail to: Central Florida Autism Institute, Inc.

Attn: Terry Millican

1525 S Florida Ave, Suite 2

Lakeland, FL 33803

VOLUNTEER APPLICATION

Please print & complete all that applies.

Check Applicable Box of activities volunteering for:

Community awareness events Fundraising Camp CABAT Teen Social Outings

Name: _____ Date of application: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

Current School/ College: _____ Grade/ Year: _____

Area of Study/ Major: _____ Date of Graduation: _____

Work Experience/ Volunteer Experience:

1. Company Name: _____ Dates: _____

Position: _____ Supervisor: _____

2. Company Name: _____ Dates: _____

Position: _____ Supervisor: _____

Please list any additional experiences with children, special skills or talents, extra-curricular activities or interest or other information that may assist our organization in volunteer placement: (Computer skills, teaching, art, graphic design, etc.)

List days and times of availability: _____

What kind of volunteer opportunities are you most interested in? _____

How were you referred to us? _____

Please list 3 non-related references:

1. Name: _____ Association: _____ Ph #: _____

2. Name: _____ Association: _____ Ph #: _____

3. Name: _____ Association: _____ Ph #: _____

The following must be completed in order to process the application:

As a volunteer, I hereby agree to indemnify and hold harmless Central FI Autism Institute, Inc. The CABAT Center, & Camp CABAT, its agents and employees from any and all claims of personal injury or property damage resulting from negligence of CFAII, CABAT, its agents and employees, and myself. *If under 18, parent/guardian signature below.

Printed Name _____ Signature _____

Date _____

EMERGENCY CONTACT:

Name: _____

Phone: _____