



Armenian Autism Outreach Project
Volunteer Application

Full Name: _____ Phone Number: _____

Address: _____

Email: _____

What languages do you know?

1. _____ Read Write Speak

2. _____ Read Write Speak

3. _____ Read Write Speak

Check all that applies to you:

I am a Parent I am a Service Provider

Other Professional. Please specify: _____ Other: _____

Which area would you like to volunteer?

Fundraising Community Outreach Special Projects

Public Relations Technology (Website) Other. Please specify: _____

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? _____

Thank you for considering to volunteer for AAOP.