

**Milestones Autism Organization Volunteer Intake Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you over 18? \_\_\_\_\_

How did you hear about Milestones? \_\_\_\_\_

Do you have a personal connection to autism or special needs? \_\_\_\_\_

\_\_\_\_\_  
Please tell us about yourself. (List any special training or skills that you believe may be relevant.)  
\_\_\_\_\_

\_\_\_\_\_  
Please confirm your availability. Indicated what days and times you can volunteer.

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_

Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Frequency:

Weekly \_\_\_\_\_ Every Other Week \_\_\_\_\_ As Needed \_\_\_\_\_

Area of Interests: (Please check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Office Work             | <input type="checkbox"/> Education/Workshops & Trainings |
| <input type="checkbox"/> Special Autism Events   | <input type="checkbox"/> Finance                         |
| <input type="checkbox"/> Development/Fundraising | <input type="checkbox"/> Communication/Marketing         |
| <input type="checkbox"/> Conference Planning     | <input type="checkbox"/> Legal                           |
| <input type="checkbox"/> Board Development       | <input type="checkbox"/> Other:                          |

## Milestones Autism Organization Volunteer Intake Form

References: Please list 3 references who have known you for at least six months who are not related to you.

Name	Address	Phone	Email	Relationship
1.				
2.				
3.				

### LIABILITY

I, the undersigned, being a volunteer involved with Milestones Autism Organization or being the parent or guardian of such a volunteer at Milestones Autism Organization, discharge and acquit Milestones Autism Organization, its staff, board, officers, agents, representatives and affiliates of all actions, causes of action, claims or any liabilities whatsoever. I understand that while volunteering at and or for Milestones Autism Organization I participate on my own accord and will not hold Milestones Autism Organization accountable for any injury or harm that may arise from such activities.

### CONFIDENTIAL/PROPRIETARY INFORMATION AGREEMENT

While performing your duties, you will learn and will have access to certain confidential information and/or proprietary information of Milestones. Confidential and proprietary information is one of Milestones most valuable assets and should be treated as such. You will hold all of the Confidential Information in confidence and will not any time during your engagement with Milestones or any time thereafter use, quote, disclose, disseminate or publish, directly or indirectly, in any manner whatsoever, any of the Confidential Information without the prior written consent of Milestones. The Confidential Information includes but is not limited to methods and/or techniques of training and instruction, teaching curriculum, methods of operation, attendee lists, vendor/exhibitor lists, donor information, database lists, employment information, personnel history, financial information, independent contractor compensation or policies, future plans, information or records used and/or developed by milestones, and all other information and knowledge used in management, development, marketing, finance, operations, or otherwise.

All employees, contractors and interns are responsible for protecting confidential and proprietary information and any employee who violates this policy will be subject to disciplinary action up to and including termination of employment, contract, or internship. In addition, due to the extent of harm to Milestones that disclosure can create, a legal action may be instituted by Milestones against any employee, contractor, intern or volunteer who is responsible for disclosing confidential or proprietary information.

Volunteer's Name (Please Print) \_\_\_\_\_

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer's Age (if under 18) \_\_\_\_\_

Signature of Volunteer's Parent/Legal Guardian \_\_\_\_\_