



UW AUTISM CENTER  
CENTER ON HUMAN DEVELOPMENT & DISABILITY  
UNIVERSITY of WASHINGTON

## Student Volunteer Application for UW Autism Center

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

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

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

Phone Number: \_\_\_\_\_

Undergraduate/Graduate School Program: \_\_\_\_\_

Previous Degrees (if available): \_\_\_\_\_

Year in Current Program: \_\_\_\_\_

***PLEASE ATTACH A COPY OF YOUR CURRICULUM VITAE AND LETTER OF RECOMMENDATION TO THIS APPLICATION.***

What aspects of this volunteer site interest you?

What specific experiences do you hope to gain through this volunteer opportunity? Please be as specific as you can (see volunteer description handout). Please also specify whether you are interested in clinical experiences, finding resources for families, or other.

What are your career and educational goals?

Have you had any clinical or autism-related experience? ☐ Yes ☐ No

Please describe:

Do you have any experience with individuals with developmental disabilities? ☐ Yes ☐ No

Please describe:

Do you have any other practicum or extracurricular responsibilities? ☐ Yes ☐ No

Please describe:

The volunteer position will be primarily hosted remotely using a computer, internet, and/or video calling for the Fall 2020 semester. Would there be any challenges to volunteering remotely?

☐ Yes ☐ No

Please describe:

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention? Please include a description of previous related experiences (e.g., courses taken, experiences working with children with or without autism etc.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please describe the crime – state nature of crime(s), when and where convicted and disposition of the case.

Please provide the names of 2 or 3 non-familial references (e.g. Employer, supervisor, mentor teacher) and their contact information (phone or email):

1.

2.

3.

I certify that I have not purposely withheld any information that might adversely affect my chances for training/working at the UW Autism Center. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document can be grounds for rejection of application or my immediate expulsion from the center. I permit the UW Autism Center to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the UW Autism Center, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For UW Autism Staff Use Only:*

Supervisor: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Notes: