

Volunteer Application

OUCARES

Oakland University Center for Autism Research, Education and Support

Volunteer Name: _____ Email: _____

Home Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ Are you currently an OU student? _____

If yes, what is your area of study: _____

How did you hear about The Run for Autism? _____

In order to volunteer for The Run for Autism, we require you to attend a brief volunteer orientation prior to the event. Please check which volunteer orientation you are able to attend:

_____ **Wednesday, May 12th from 6:30-8:30 p.m. at Oakland University, Pawley Hall – Room 314**

OR

_____ **Saturday, May 15th from 9:00-11:00 a.m. at Oakland University, Pawley Hall – Room 306**

Emergency Contact:

Name: _____ Phone Number: _____

Volunteer Informed Consent

I certify that all information provided on this application is completely accurate. I understand that any false statements or omissions may result in my elimination for consideration for volunteer status, or, if accepted, my termination. I hereby authorize Oakland University to make investigation of all statements contained in this application. I authorize persons listed as references, my former and present employers and educational institutions listed to release any information concerning me that they deem appropriate. I release all parties from any liability that may arise from such disclosure.

I understand that I may be subject to a criminal background investigation as a condition of volunteer service and that my volunteer status may be contingent upon these results.

I am aware that participating in Oakland University's Campus Recreation Programs, activities or events, and use of the facilities and equipment involve risk of injury, including, but not limited to the range of minor contusions/abrasions to even the possibility of death. I also recognize that there are many other risks of injury including serious disabling injuries, which may arise due to participating, or attending and that is not possible to specifically list each and every individual injury risk. However, knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the risks of injury, which could occur, by reason of my voluntary participation in the aforementioned of Campus Recreation.

I hereby authorize my photograph which was taken by Oakland University, its employees, officers, representatives or agents to reproduce my photograph for the purpose(s) of editorial, illustration, advertising, trade or any other publication of OAKLAND UNIVERSITY. I release and discharge OAKLAND UNIVERSITY from any and all suits, causes of action, claims, demands or obligations of any kind arising out of the reproduction of my photograph for the above stated purposes.

I understand that my volunteer service is for no definite time period and that either Oakland University or I may terminate the volunteer service relationship at any time for any reason or no reason. I understand that neither this document nor any offer of volunteer service constitutes an employment contract.

If accepted as a volunteer, I agree to comply with and be bound by all of the personal policies and volunteer requirements of Oakland University.

I hereby acknowledge that I have read and understand the foregoing and intend to be bound thereby.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: (if under 18 years old) _____