



VOLUNTEER INFORMATION (Texas State students: please use Texas State email)			
LAST NAME:		FIRST NAME:	
DATE OF BIRTH:		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	MI:
MAJOR:			
ADDRESS:			
CITY:		STATE:	ZIP CODE:
EMAIL:		PHONE NUMBER:	
TEXAS STATE NET ID:			
EXPERIENCE			
Please place a mark next to your response.			
PREVIOUS EXPERIENCE WITH CHILDREN WITH AUTISM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, HOW LONG?		WHAT TYPES OF WORK?	
REASON FOR VOLUNTEERING? <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> COURSE CREDIT <input type="checkbox"/> VOLUNTEER HOURS <input type="checkbox"/> OTHER:			
LANGUAGES KNOWN OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, WHICH? <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> ASL <input type="checkbox"/> OTHER:			
CAMP SESSIONS			
Place a mark in the box next to your first choice of session(s). You may choose any one, two, or three sessions.			
<input type="checkbox"/> SESSION I: JULY 8 – JULY 11, 2024 (MONDAY – THURSDAY) 9AM – 1PM			
<input type="checkbox"/> SESSION II: JULY 15– JULY 18, 2024 (MONDAY – THURSDAY) 9AM – 1PM			
<input type="checkbox"/> SESSION III: July 22- JULY 25, 2024 (MONDAY – THURSDAY) 9AM – 1PM			
CAMP T-SHIRT			
Please place a mark next to your t-shirt size.			
<input type="checkbox"/> ADULT SMALL <input type="checkbox"/> ADULT MEDIUM <input type="checkbox"/> ADULT LARGE <input type="checkbox"/> ADULT X-LARGE <input type="checkbox"/> ADULT XX-LARGE <input type="checkbox"/> ADULT XXX-LARGE			
TRAINING SESSION			
There will be a training session on Friday, July 5, 2023 from 10am – 4pm . This is a mandatory training session; however, you may contact Dr. Ahrens (ja27@txstate.edu) if you have a conflict.			
WILL YOU BE ABLE TO ATTEND THE TRAINING SESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
I, the undersigned, give authorization to have photos taken and used for publications, flyers, website, local newspapers, and/or presentations promotion this			
VOLUNTEER SIGNATURE:		DATE:	
I, the undersigned, affirmatively swear that I am fully competent to and do hereby execute the release and waiver. I further represent and warrant that I have read and fully understood the terms of this document and their legal significance.			
VOLUNTEER NAME (PRINTED):			
VOLUNTEER SIGNATURE:		DATE:	

RETURN COMPLETED FORM TO:

Dr. Jenn Ahrens, Director of Autism Summer Camp
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