

NON-ACADEMIC VOLUNTEER Application

(for practicum or career-building, complete a training application)

Marcus Autism Center
1920 Briarcliff RD NE
Atlanta, GA 30329
<https://www.marcus.org>
404-785-9437



Name: _____, _____
Last First Middle Initial

Street Address: _____

City, State and Zip Code _____

Primary Phone: (____)_____ Email address: _____

Are you employed by any of the following? __CHOA, __Emory University, __Emory Healthcare, __None of these
Previously have you volunteered at Marcus Autism Center or Children's Healthcare of Atlanta?

☐ No ☐ Yes → Where & when: _____

Date of Available to Start (mm/dd/yyyy): ____/____/____ End of availability: ____/____/____

Availability – Total # of hours you would like to volunteer (complete one line):

_____ hours per week

_____ hours per month

_____ available on an occasional basis for special projects or events

Please place a check mark in the times you could be available (check all that might apply, although not all of the times would be scheduled for you):

| | MON | TUES | WEDS | THURS | FRI |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8:45 a.m. – 12:00 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12:00 p.m. – 2:30 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2:15 p.m. – 3:15 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3:15 p.m. – 5:00 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5:00 p.m. – 7:00 p.m. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturdays / Sundays | <input type="checkbox"/> | | | | |

PLEASE, MARK THOSE TYPES OF HELP YOU MAY BE INTERESTED IN PROVIDING AT MARCUS AUTISM CENTER.

___ General office support, such as filing and organizing
___ Supervision or child care for non-patient siblings
___ Social or recreational activities with patients
___ Special events to support staff members
___ Respite care events to give parents a break

___ Research data entry
___ Fund-raising and philanthropy events
___ Work-days to update/refresh building and facilities
___ Coordinating a work day for members of my own organization

Emergency Contact (name, phone, relationship) _____

References (other than family)

| | Name | Phone | Relationship to applicant |
|----|------|-------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

I understand that if I am matched with one of these placements, I will be required to adhere to requirements of appropriate dress, language , and behavior. In addition, I understand that CHOA expects all personnel to be drug-free and that a background check and up-to-date immunization record are required prior to volunteering.

I agree to maintain confidentiality of any private health information that may be revealed during my volunteer activities, including not disclosing patient information outside Marcus Autism Center.

Signature: _____ Date: _____

Complete applications include the following signed forms:

- Application
- Immunizations
- Code of Ethics
- Use & Confidentiality Statement
- Background Check Consent
- Consent for Photography/Filming

Send all materials by either postal mail or in scanned PDF format via email to:

Training Office, Marcus Autism Center, 1920 Briarcliff RD NE, Atlanta, GA 30329
Training.MAC@emory.edu

Thank you for your interest in volunteering at Marcus Autism Center!