



Dear Prospective Volunteer,

Thank you for your interest in volunteering at Turning Pointe Autism Foundation as we continue to assist children, young adults and families as they navigate the lifelong journey of autism. Turning Pointe relies on the support of volunteers and is eager to welcome you to our work.

To be considered for volunteer opportunities, please complete and submit the enclosed forms to Ketra Kuniej, Director of Human Resources via email at [kkuniej@turningpointeaf.org](mailto:kkuniej@turningpointeaf.org) or at 1500 W. Ogden Ave, Naperville, IL 60540.

- Volunteer Application
- Volunteer Waiver/Non-disclosure agreement
- Background Check Consent Form

Once all forms have been received and background check has been completed, a representative from Turning Pointe Autism Foundation will contact you to discuss available opportunities.

Thank you very much for offering your time and talent.

If you have any questions regarding volunteering, please contact the Human Resource office at 630.615.6028.

Sincerely,

Ketra Kuniej  
Director of Human Resources  
Ph:630-615-6032 Fax:630-615-6050  
1500 W. Ogden Ave.  
Naperville, IL 60540

P.S. As a non-profit, any consideration of covering the \$10 background check fee is appreciated. Please simply include a check with your forms or pay/donate on our website with a memo: Volunteer Background Check.



## Volunteer Application

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip

Daytime Phone Number \_\_\_\_\_ *Circle One:* Home Cell Work

How did you hear about Turning Pointe Autism Foundation?

\_\_\_\_\_

Why would you like to volunteer at Turning Pointe Autism Foundation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your past employment and/or volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills and qualities do you feel you have to contribute to Turning Pointe Autism Foundation?

\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, please list the person you would want notified.

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>
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<i>Secondary if person listed above is unavailable</i>	<i>Relationship</i>	<i>Phone Number</i>
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Are you at least 18 years of age? Yes \_\_\_ No \_\_\_

Are you required to volunteer? If yes, please explain. \_\_\_\_\_

Have you ever been convicted (found guilty) of a crime, or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged.

Yes \_\_\_ No \_\_\_

If you answered YES, please describe all convictions, when they occurred, and facts and circumstances involved.

\_\_\_\_\_  
\_\_\_\_\_



**Availability** (circle all that apply)

Days

Evenings

Weekends

**Frequency of Availability** (circle one)

Regularly  
(1-2 times per week)

Frequently  
(2-4 times per month)

Occasionally  
(2-4 times per quarter)

Limited  
(Annual events/one time opportunities)

**Please indicate volunteer opportunities that are of interest:**

\_\_\_\_\_ Fundraising Events

- First Look for Charity
- Golf Outing
- Open House
- Pumpkin Race
- Other \_\_\_\_\_

\_\_\_\_\_ Social Enterprise support (check all that apply)

- Made to Inspire* Boutique
- Made to Inspire* Café
- Made to Inspire* Garden

\_\_\_\_\_ Office Projects: general support of classrooms and foundation offices

\_\_\_\_\_ Photography/Videography

\_\_\_\_\_ Receptionist

\_\_\_\_\_ Special building projects

- Electrical
- Minor Construction
- Painting
- Plumbing
- Other \_\_\_\_\_

\_\_\_\_\_ Staff Appreciation: assist with events hosted by the foundation

- Back to School Breakfast in August
- Teacher Appreciation week in May

\_\_\_\_\_ Student Job Support (additional paperwork, training and certification required)

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For Office Use Only: Date Submitted \_\_\_\_\_ Date Approved \_\_\_\_\_

- Application Complete
- Volunteer Waiver / Non-Disclosure Agreement Complete
- Background Check Authorization Complete



### ACKNOWLEDGEMENT

As a volunteer for the Turning Pointe Autism Foundation, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_