



Thank you for volunteering your time to help The Kern Autism Network, Inc. Having you to help with our local organization is truly appreciated and needed for those on the autism spectrum. It is wonderful having local volunteers come together for the cause of autism. Thank you again for your willingness to join us today!

NAME DATE
ADDRESS CITY STATE ZIP
PHONE CELL OTHER E-MAIL

GROUP AFFILIATION - High School or Community
ARE YOU A: STUDENT INDIVIDUAL WITH AUTISM PARENT COMMUNITY LEADER

AGE IF UNDER 18, PROVIDE: 1. PARENT/GUARDIAN NAME 2. PARENT/GUARDIAN SIGNATURE
DO YOU NEED SERVICE HOURS? YES NO
I AM INTERESTED IN FULFILLING SERVICE HOURS REQUIREMENT # OF HOURS
WILL YOU BE VOLUNTEERING WITH US AGAIN? YES NO
HAVE YOU PARTAKEN IN ANY VOLUNTEER WORK BEFORE? YES NO
HAVE YOU HAD ANY EXPERIENCE WORKING WITH INDIVIDUALS WITH SPECIAL NEEDS? YES NO

HOW DID YOU HEAR ABOUT THE KERN AUTISM NETWORK?
HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME? YES NO

IF YES ABOVE, PLEASE EXPLAIN

PHOTO RELEASE

I, \_\_\_\_\_, hereby authorize Kern Autism Network, Inc. permission to use my likeness in a photograph in any and all of its publications, including but not limited to all Kern Autism Network, Inc. printed and digital publications. I understand and agree that any photograph using my likeness will become property of Kern Autism Network, Inc. and will not be returned. I acknowledge that since my participation with Kern Autism Network, Inc. is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Kern Autism Network, Inc. to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Kern Autism Network, Inc. programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Kern Autism Network, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

PRINTED NAME SIGNATURE DATE
IF UNDER 18 YEARS OF AGE, PARENT/GUARDIAN NAME SIGNATURE

ONCE COMPLETED, FAX, E-MAIL OR MAIL TO:

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