



ADVOCATING MAINTAINING UNITY WITH SPECIAL NEEDS AND EVERYONE

An organization that aims for Autism acceptance through art, music, and kindness.

Creating Connections!

Hi! Thank you for your interest in volunteering, we are already grateful for the thought of you helping us in our event! Please answer the questions below:

PART 01: VOLUNTEER'S INFORMATION

Name: _____

Age: _____

Contact Number: _____

Address: _____

- Please explain briefly any experience with Autism or Special Needs:

- Explain any volunteer experience:

- Please explain brief description of how you feel you can best assist; with kids, with registration set-up, break-down, help with transportation, or if you are open to any task:

- What dates and times are you available?

AMUSE Foundation is a qualified 501 (c)(3) (Tax ID: 850526302) tax-exempt organization and donations are tax-deductible to the full extent of the law. No goods or services were provided for this gift. Please consult your tax advisor regarding specific questions about your deductions. AMUSE Foundation cares and protects your privacy, the information you provide to AMUSE Foundation will only be used as described in our privacy policy.



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PART 02: VOLUNTEER LIABILITY WAIVER AND AGREEMENT

This part explains possible risks of volunteering and includes liability waivers, consents, and other legal agreements. Please put a check (✓) if you agree, please note that all boxes needs a check (✓) to consider this volunteer form completed.

• There are possibilities of getting injured while participating in these programs, if your sign this form, you are asking permission to participate in these programs with the knowledge that you or your child could be injured.

• **Policies and Safety Rules:** I will comply with AMUSE's volunteer policies, safety rules, conduct expectations, and other directions. I understand that AMUSE does not tolerate bullying, harassment, threatening behavior, or violence of any kind. I understand that noncompliance may result in termination of my volunteer status.

• If you agree with this waiver, you are giving up any claim against or right to sue AMUSE Foundation, their directors, board members, and fellow volunteers for injury you or your child may suffer, even if the injury is whole or in part by the negligence of AMUSE Foundation, directors, and fellow volunteers.

• I am aware that participation in AMUSE's Activities is potentially dangerous and I am voluntarily participating in this activity with knowledge of danger, involved and hereby agree to accept any and all risk of injury.

• I hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action including, but not limited to, personal injury, property damage, or wrongful death occurring or arising as a result of engaging in and or receiving instruction in said activity/activities incidental thereto wherever or however the same may occur,

• AMUSE Foundation feels it is important that participant understands the nature and inherent risks involved in participating in these activities, participant acknowledges to fulfill their taken precautions to mitigate the spread of any virus or pathogen.

• Participant represents that he/she/they/they is in sufficiently good physical condition to participate in the programs and activities the participant desires to engage in at AMUSE Foundation's events/activities.

PHOTO CONSENT: Please indicate if you prefer or not to be on camera

Yes, I can be on camera.

No, I prefer not to be on camera.

Yes, I agree to everything above.

Signature above name

Thank you for taking the time to answer these questions, we will reply shortly and we are looking forward to meeting you!

All are welcome! We'll find a place for you!

Amuse Foundation

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- Tax ID: 850526302

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