



Please save to your desktop,
fill out and e-mail to ucfcard@mail.ucf.edu
You may also print and fax to 407-823-6012

Volunteer- Ambassadors for UCF CARD PALS

Volunteer- Ambassadors are individuals who volunteer their time to assist in supporting the UCF CARD PALS endeavors within the community of Central Florida. Volunteer- Ambassadors are a voice for UCF CARD PALS in our communities.

We Believe -

- individuals of all ages can make a difference in the lives of others
- individuals of all ages can support others and make a difference in our communities
- that being different is OK
- that community volunteers will help us grow and meet our goals
- every child, every day, every chance, volunteers make the difference
-

YOUR INFORMATION

NAME:

STUDENT YES NO IF YES, WHAT SCHOOL

ADDRESS:

CITY: ST: ZIP:

COUNTY: BREVARD LAKE ORANGE OSCEOLA SEMINOLE VOLUSIA

HOME: CELL:

EMAIL: DOB:

BEST METHOD OF CONTACT: TIMES:

WILL YOU BE REQUIRING BRIGHT FUTURES HOURS? YES NO

MALE FEMALE US CITIZEN/LEGAL RESIDENT YES NO

ARE YOU A SIBLING TO SOMEONE WITH AN AUTISM SPECTRUM DISORDER YES NO



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DO YOU HAVE A RELATIVE WITH AUTISM SPECTRUM DISORDER YES
NO

BILINGUAL YES NO IF YES, WHICH LANGUAGE(S)

Can you lift at least 20 pounds? Yes No

Do you have access to transportation? Yes No

Do you have a driver's license? Yes No

Drivers license #:

IN CASE OF EMERGENCY CONTACT:

Name

Phone #

IF UNDER 18 YEARS OF AGE- PARENT/GUARDIAN INFORMATION IS REQUIRED: (if under 18 electronic signatures are NOT accepted. Form must be filled out, signed (in [BLUE INK](#)) and returned via mail to PALS, PO Box 781458, Orlando, FL 32878-1458.

PARENT/GUARDIAN NAME:

If contact information is same as above, check here . If different, please fill in below:

ADDRESS:

CITY: ST: ZIP:

HOME: CELL:

EMAIL:

OPPORTUNITIES

There are several opportunities available for Volunteer Ambassadors. Please let us know which areas interest you most.

I would be interested in volunteering in the following counties:

Brevard Lake Orange Osceola Seminole Volusia

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I would be interested in the following areas as an Ambassador: *(check all that apply)*

community events**	serve as a companion	translation assistance
make phone calls	chair or co-chair fund-raiser	tutoring
host a support group	resource fair attendee	speak to media
be a camp buddy	adult outings	office help
make cold calls*	write articles for the media	Other (describe)

**cold calls would be visiting offices such as businesses and physicians to drop off materials and introduce UCF CARD PALS or to simply call an organization*

***community events would be special events we do in the community for fund-raising or awareness*

I understand as a Volunteer Ambassador for UCF CARD PALS I will be required to go through orientation training to best represent UCF-CARD PALS in the community and may be expected to attend trainings every 3-4 months if changes occur within UCF CARD PALS.

Please sign here or if filling out electronically type full name to acknowledge

I am interested in providing services to individuals/families with individuals with autism spectrum disorders for a fee in the following areas. I understand by checking this box that UCF CARD PALS has my permission to give out my name and phone number to individuals/families that are seeking these services. I understand that I will have no endorsement of or affiliation with PALS or UCF CARD in this endeavor, and I will not represent myself as an employee of PALS or UCF CARD. I also understand that any work I do with families will be at my own risk, I will not be covered under liability insurance from PALS/CARD, and that PALS/UCF CARD has the right to remove my name from their list of potential service providers if complaints are received regarding my services.

tutoring	babysitting	companion	transporter
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For the following fee for service activities, the provider must have certification or prior coursework: ABA in-home support, language/speech therapy support, occupational therapy, support, DIR/Floortime support, RDI support. Please indicate the nature and credentials of your training:

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PLEASE NOTE THAT IF ANY UCF CARD/PALS APPROVED VOLUNTEER ACTIVITY INVOLVES A FEE TO PARTICIPATE, VOLUNTEER AMBASSADORS ARE NOT RESPONSIBLE FOR FEES. ALL PRE-APPROVED FEES WILL BE PAID BY PALS FOR PARTICIPATION. SPECIFIC UCF CARD/PALS VOLUNTEER AMBASSADOR FUNCTIONS, MAY QUALIFY FOR MILEAGE TO BE REIMBURSED AT THE RATE OF 0.445 CENTS PER MILE AS WELL AS ANY OCCURRED TOLLS. (RECEIPTS ARE NECESSARY FOR TOLLS)

Participant's Name:

Covered Year

Birthdate:

Release of Liability, Agreement to Indemnify, and Assumption to Risk

In consideration for being permitted to participate in events through Providing Autism Links & Supports (PALS), I, our respective personal representatives, heirs, executors, next of kin, and assignees, hereby acknowledge and agree that we:

1. Release, waive, and discharge PALS, UCF-Center for Autism & Related Disabilities, its predecessors, successors, assignees and assignors, officers, directors, employees, volunteers, agents, the contracted entity for the event and other representatives from all liability, claims, demands, or causes of action for any and all loss, damage, or injury to person or property resulting from or relating in any manner whatsoever to any negligence, act, or omission by PALS.
2. I further agree to indemnify and hold harmless PALS and others listed above for any and all claims arising as a result of my participation in any activities incidental thereto, wherever, whenever, or however the same may occur.
3. I understand that participation in PALS activities may involve certain risks. In addition, I understand that participation in PALS involve activities incidental thereto, including, but not limited to, the possible reckless conduct of other participants. I am voluntarily participating with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.
4. I understand that I am solely responsible for my health and safety, and I acknowledge that I am physically capable of participating in PALS activities.
5. I understand that PALS holds public events and that the agencies cannot limit photography by participants and that photographs/video taken may appear in media coverage, education and promotional materials, personal websites, and internet based social networking groups now and forever.
6. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the persons and entities mentioned above and am signing of my own free will. I have carefully read this Waiver and Release and fully understand its contents.

Electronic Signature:

Printed Name

Date:

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No admittance without signed release form on file with PALS.