



Autism & Intellectual Disability Services

VOLUNTEER APPLICATION

Today's Date _____ Name _____ Date of Birth _____

Address _____ City _____ County _____

Home Phone _____ Cell _____ Email _____

If you are a student at CCU, please indicate your major and the professor who told you about SOS:

Major: _____ Professor: _____

- All volunteers have a background check done; all background checks are confidential!
- If a resume is available; please feel free to forward a copy along with this application.

Please tell us a little about yourself and what you would like to help SOS Care with:

Signature _____

Date _____

Please Email your application to Cheryl Bauerle, HR Director at cbauerle@sosCareSC.org