



Your complimentary use period has ended.  
Thank you for using PDF Complete.



Los Angeles (62) 804-5556 Fax (562) 425-4940

Click Here to upgrade to Unlimited Pages and Expanded Features

Los Angeles Police Department

# Autism Awareness Program

## VOLUNTEER APPLICATION

Please Print Legibly

Date \_\_\_\_\_ E-Mail \_\_\_\_\_ Date of Training \_\_\_\_\_

Last Name		First Name	
Address		City	Zip Code
Phone ó Home	Work	Cell	Other numbers
( )	( )	( )`	( )
Are you bilingual? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes which language do you speak?			
<input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Farsi <input type="checkbox"/> Armenian <input type="checkbox"/> Other , please specify			
Person to call in a emergency			
Name/ Relation	Address	Phone	

Please mark the nearest division of LAPD where you live or work. Please note that we may use you in out areas as the need arises.

Central Bureau	South Bureau	Valley Bureau	West Bureau
<input type="checkbox"/> Central	<input type="checkbox"/> 77th	<input type="checkbox"/> Devonshire	<input type="checkbox"/> Hollywood
<input type="checkbox"/> Hollenbeck	<input type="checkbox"/> Harbor	<input type="checkbox"/> Foothill	<input type="checkbox"/> Pacific
<input type="checkbox"/> Newton	<input type="checkbox"/> Southwest	<input type="checkbox"/> Mission	<input type="checkbox"/> West LA
<input type="checkbox"/> Northeast	<input type="checkbox"/> Southeast	<input type="checkbox"/> N. Hollywood	<input type="checkbox"/> Wilshire
<input type="checkbox"/> Rampart		<input type="checkbox"/> Van Nuys	
		<input type="checkbox"/> West Valley	
Availability			
Days of the week		Hours	
<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		<input type="checkbox"/> AM <input type="checkbox"/> PM	

As volunteers you are representatives of the autism community and ASA-LA

We are requesting that you:

- Be on time
- Follow script
- Appropriate behavior when entering a police station
- No guns, drugs
- In questions and answers be objective and brief do not go in depth into cause, cure or treatment
- No introduction of other material without consent of ASA-LA or LAPD
- You are there for voluntary reasons not for profit
- No reproduction of material without permission from ASA-LA

Your signature below indicates that you agree to the requirements above and agree to hold the Los Angeles Police Department and the Autism Society of America ó Los Angeles Chapter, and their employees and members, free from responsibility for any and all liability or damage that might arise out of your voluntary involvement in the ASA-LA / LAPD Autism Awareness Project.

I agree to the terms as they are written.

Name \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_