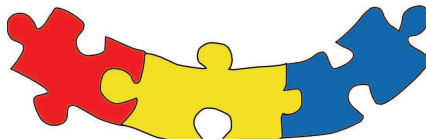


LAF

Lowcountry Autism Foundation



VOLUNTEER REGISTRATION FORM

LAF has a policy to request background checks on all persons applying to become a volunteer. The purpose of this policy is to identify individuals who have criminal records, disciplinary actions or civil adjudication involving a crime against or abuse of a minors or others. We want to ensure parents and guardians that qualified individuals are taking care of our clients. In applying for a volunteer position with LAF you are waiving your rights to privacy as it pertains to reference and criminal background checks.

Volunteer Position: _____

Name: Mr./Mrs./Ms./Dr. _____

Last First Initial

Mailing Address: _____

Number Street Apt.

City County State Zip

Phone (home): _____ Phone (work): _____

Date of Birth: _____ Drivers License Number/State: _____

Current Employer/School Name: _____

Occupation: _____ Employer Phone: _____

Employer Address: _____

Number Street

City County State Zip

Past Employer: _____

Occupation: _____ Employer Phone: _____

Employer Address: _____

Number Street

City County State Zip

If you are volunteering as part of a company or group, specify group:

- | | |
|---|--------------------|
| 1. Do you frequently/habitually use illegal drugs? | Yes _____ No _____ |
| 2. Have you ever been convicted of a criminal offense? | Yes _____ No _____ |
| 3. Have you ever been charged with neglect, abuse or assault? | Yes _____ No _____ |
| 4. Has your driver's license ever been suspended or revoked in any state? | Yes _____ No _____ |
| 5. Have you ever been disciplined by an employer for sexual harassment or misconduct? | Yes _____ No _____ |
| 6. Do you consent for LAF, Inc. to follow-up with your employer? | Yes _____ No _____ |
| 7 Has your employer completed a criminal background check on you? | Yes _____ No _____ |

When? _____

If "yes" to 1, 2, 3, 4, 5, or "No" to 6 please explain

[Revised 09/17/2007]

I Understand that:

- * The information that I have provided will be verified through others including a NCIS/SLED criminal background check, and I give permission to LAF to make inquiry of others concerning my suitability to act as a LAF volunteer;
- * I release LAF, all persons, organizations, or government agencies for any damages of, or resulting from, furnishing such information.
- * In the course of volunteering for LAF, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- * The relationship between LAF and volunteers is an 'at will' arrangement, and it may be terminated at any time without cause by either the volunteer or LAF;
- * I grant LAF permission to use my likeness, voice, and works in television, radio, and film or in any form to promote activities of LAF.
- * Once accepted as a volunteer a criminal background check may be completed every three years as long as I am an active volunteer.
- * I have read and acknowledge that I understand and will abide by the Volunteer Code of Conduct.

LOWCOUNTRY AUTISM FOUNDATION RELEASE AND WAIVER OF LIABILITY

- * In consideration of participating in LAF, I represent that I understand the nature of the activity and that I (and/or my minor child am (are/is) qualified, in good health, and in proper physical condition to participate. I fully understand the event involves risks of serious bodily injury which may be cause by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and /or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.

- * If during my participating in LAF activities I should need emergency medical treatment and I (and my minor child) am (are/is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorized to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

- * I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless LAF, its administrators, directors, agents, officers, volunteers, , and other participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place for all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in LAF events or activities and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement," I, or anyone on my behalf, makes acclaim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I affirm that I have read the above and that the information I have given is true and complete. Furthermore, I agree to notify if any information changes.

Applicant Signature _____ Date _____

Please Mail sign and mail completed form to:

Lowcountry Autism Foundation
60 Main Street, Suite H
Hilton Head Island, SC 29926

Guardian Signature _____ Required for a minor (volunteer) Date _____