OREGON COMMISSION ON AUTISM SPECTRUM DISORDER

COMMITTEE VOLUNTEER APPLICATION PROCESS

The mission for the Oregon Commission on Autism Spectrum Disorder (OCASD) is to ***develop appropriate, collaborative and timely supports and services across the lifespan.***

This mission is accomplished by the creation and implementation of a long term strategic plan that increases coordination, promotes best available practice, makes efficient use of resources, and both directly engages with, and better responds to the needs of, people on the spectrum and their families.

The Oregon Commission on Autism Spectrum Disorders is seeking potential volunteers for its Subcommittees. To learn more, please browse through the Commission's Subcommittee Charters online at www.orcommissionasd.org/index.php/subcommittees/ and the 2010 Oregon Commission on Autism Spectrum Disorders Report to the Governor www.orcommissionasd.org/images/uploads/OCASD_2010_Report_FINAL.pdf

It's easy to get involved. Just follow these three steps if you want to help us take action that will make a positive difference for individuals with ASD, their families and communities!

1. Select the Subcommittee that aligns with your strengths and interests
2. Email staff@orcommissionasd.org to request an "OCASD Volunteer Application"
3. Return your completed Volunteer Application via email to staff@orcommissionasd.org or mail to OCASD c/o OCDD at 540 24th Place NE, Salem OR 97301

Various factors will be considered when selecting volunteers, including geographic representation and experience. If no volunteer positions are available at the time your volunteer application is received, it will be placed on file for future consideration when volunteer opportunities arise.

Thank you for supporting the Commission in this recruitment process. We are excited to reach potential new volunteers and look forward to reviewing your application!

Cheryl Cisneros
Chairperson, Oregon Commission on Autism Spectrum Disorders
Phone: 503-559-3674 | E-mail: CherylC@creatingops.org

OREGON COMMISSION ON AUTISM SPECTRUM DISORDER

COMMITTEE VOLUNTEER APPLICATION

Volunteer Contact Information			
First & Last Name			
Company Name			
Address			
Email Address		Mobile Phone	

Relationship to the ASD Community

☐ Self-Advocate ☐ Parent/Sibling ☐ Grandparent ☐ Other family member
☐ Interested citizen ☐ Professional Association:

Skills, Knowledge , Volunteer Experience and/or Professional Expertise

☐ Advocacy	☐ Public Policy
☐ Leadership	☐ Social Services
☐ Public / Media Relations	☐ Health & Wellness
☐ Community Building / Networking	☐ Therapeutic Services
☐ Research	☐ Early Childhood
☐ Grant Writing	☐ Education (K-12)
☐ Disability Law	☐ Adult Transition
☐ Customized Employment	☐ Adult Education
☐ Housing / Environmental Modifications	☐ Community Participation
☐ Transportation	☐ Family Supports
☐ Communication / Assistive Technology	☐ Behavioral Supports
☐ Systems Change	☐ Insurance

Please specify:

Languages Spoken

☐ English ☐ Spanish ☐ Other:

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Committee Preference: ☐ Member	☐ Chairperson
☐ Adult Services	☐ Community Services for Children & Families
☐ Educator Credentials	☐ ASD Educational Services
☐ Screening, Education & Assessment	☐ Healthcare Services
Work Group Preference:	
☐ Commission Leadership Team	☐ Other:

Please provide three (3) references familiar with your qualifications:

Name	Email Address	Phone Number

Complete this section:

I am interested in serving as an OCASD volunteer because…
I hope to contribute to the success of OCASD by…

Please send the completed application to:

Oregon Commission of Autism Spectrum Disorders

By Email: **staff@orcommissionasd.org**

By Mail: OCASD c/o OCDD at 540 24th Place NE, Salem OR 97301