

Application Form

Personal Information

Name: _____

Home Address: _____

Phone: _____ Email: _____

Education: _____

Birth Date: _____ Marital Status: _____ Spouse's Name: _____

Preferred Pronouns: _____

Professional Information

Title: _____

Current Employer: _____

Work Address: _____

Type of Work: _____

Community Involvement and Accolades

Please list any professional groups, volunteer organizations, clubs, or membership affiliations you may be involved in as well as any designations or awards you may have received as a result of your personal or professional community engagement.



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Interest Statement

Why are you interested in serving as a SARRC NextGen member? (Word count limit of 100.)

SARRC Sponsor Information

To be considered for SARRC NextGen, you are required to have a SARRC sponsor, which can include staff members, board members, donors or volunteers.

SARRC Sponsor Name: _____

Phone Number: _____ Email: _____

SARRC NextGen Give-Get

SARRC NextGen Members are asked to make a financial commitment of \$1,000 annually (by December 31 of each year), either given personally or fundraised through personal and professional networks. This commitment can be fulfilled in various ways and can be paid one-time or monthly (\$83.33/month):

- Hosting a table at the Annual Community Breakfast
- Creating a YES Day for Autism team and soliciting donations
- Securing a sponsorship or cash gift from a member's company or business
- Gift In-Kind

I agree to the Give/Get requirements: Yes ____ No ____

**Please complete this form and send it to SARRC's Director of Community Engagement
Lauren Smith at LSmith@autismcenter.org**