

AUTISM SOCIETY OF MAINE  
Information Specialist Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Experience with Autism:**

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**Education:** \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Post Graduate

Academic Degrees/ Credentials:

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Do you have access to a reliable vehicle? \_\_\_\_\_ Are you willing to travel? \_\_\_\_\_

Do you support any particular treatment modality, therapeutic regimen, or diagnostic management philosophy for Autism, over another? If so please explain:

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Would you be able to attend meetings before and/or after school? \_\_\_\_\_

Would you be willing and able to write field reports to support your billable activities? \_\_\_\_\_

Will you take an oath of confidentiality? \_\_\_\_\_

Please share your reasons for applying for this consultative position:

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Signature \_\_\_\_\_ Date