

Volunteer Application Form

All About Us – ASD Teens truly appreciate your willingness to work as a volunteer in our organisation. We hope you understand that the information we are requesting is for the protection of our members.

Name _____ Date _____

Birthday (Month/Day/Year) _____

Home Address:

Street _____ Phone _____

City _____ Postcode _____

Email Address:

Have you performed Volunteer work previously? Yes No

If yes, where and what type of work did you perform?

References:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Have you been convicted of a violation of law other than minor traffic violations?

Yes No

Explain _____

The information supplied by me in this application is complete and is true to the best of my knowledge and belief.

I hereby authorize the All About Us – ASD Teens Volunteer Program to conduct necessary background checks and I understand these may include work history, personal reference, police record inquiries including the National Sex Offenders Registry to determine my acceptability for volunteer work in the organisation. Further, I hereby authorize and direct any law agencies and any other agencies or offices that may contain the aforesaid information to cooperate and assist All About Us – ASD Teens in its investigation. I am aware of the policies the organisation holds regarding the use and disposal of any personal or disclosure information including that of Access Ni checks. I am also aware that I can find the Access Ni code of practice on the NI Direct website.

Signature _____ Date _____