



Unpaid Volunteer – Application form

Please complete ALL parts of this form.

Name:

Address:

Postcode:

Tel No (day):	Tel No (evening):
Mobile Tel No:	Email:
NB Please detail any restrictions on daytime calls or email contact	

Present occupation/volunteer experience:

For Office Use only

Database		Volunteer Pack	
Email Dist List		Agreement signed	

Previous occupation/volunteer experience:

Emergency contact name:

Relationship:

Tel No (day):

Tel No (evening):

General Information

Volunteers take on a variety of roles. Please tick those areas of volunteering you are interested in:

<input type="checkbox"/>	Help with fundraising	<input type="checkbox"/>	Help to organise events
<input type="checkbox"/>	General office duties	<input type="checkbox"/>	Supporting those on work experience
<input type="checkbox"/>	Assist in the office	<input type="checkbox"/>	Support members at social events or leisure activities
<input type="checkbox"/>	Attend meetings to represent/lobby for the Society and raise awareness of autism	<input type="checkbox"/>	Provide advice in a particular field of which you have experience e.g. PECS or DLA forms or website development
<input type="checkbox"/>	Help at events – greeting guests, refreshments, run a stall	<input type="checkbox"/>	

Others (please list):

Have any particular skills or knowledge that you can offer to the Society? Please provide details:

At what times are you available for volunteering?

<input type="checkbox"/>	Flexible	<input type="checkbox"/>	Weekdays	<input type="checkbox"/>	Weekends
<input type="checkbox"/>	Daytime	<input type="checkbox"/>	Evenings		

Where would you prefer to work?

<input type="checkbox"/>	In the BAS office	<input type="checkbox"/>	At home
<input type="checkbox"/>	At outdoor events	<input type="checkbox"/>	At indoor events

Do you drive?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are you willing to use your car when volunteering with BAS?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Referees

It is possible that in your voluntary work with BAS you may come into contact with vulnerable people. We would, therefore, wish to take up references from individuals who are not family members.

Name:		Name:	
Relationship to Volunteer:		Relationship to Volunteer:	
Address:		Address:	
Tel No:		Tel No:	

Are there any physical or mental health issues that you feel we could support you with when volunteering?

If you are a person with an ASD, what support needs do you have.

Confidentiality and Data Protection

I understand that anything I hear or learn regarding individuals during my volunteer work with BAS must be kept in the strictest of confidence. I accept that a breach of this confidentiality may result in a termination of my volunteering with BAS.

I understand that in order to supply BAS with my personal information for CRD checks, sensitive and personal information will be held and processed by BAS. This information will be kept as computerised and manual records, stored securely.

I confirm that to the best of my knowledge, the information given on this form is correct.

Signature/Name	Date
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Disclosure

Please complete this form and return it to BAS at the address given above.

Rehabilitation of Offenders' Act 1974

The Rehabilitation of Offenders' Act 1974 allows people who have been convicted of certain criminal offences to regard their convictions as 'spent' after a period of years.

People with ASD are legally defined as vulnerable adults. Any role that brings you into one-to-one contact with people with ASD is therefore exempt from the provisions of Section 4(2) of the 1974 Act. Applicants are therefore not entitled to withhold information about convictions that for other purposes are considered as 'spent'. If your role is likely to bring you in one-to-one contact with a person with ASD or if your role changes in the future, you will be required to apply for a Disclosure check. Any information given will be held in the strictest confidence and only used in consideration of your suitability for the volunteering role.

Please sign or print your name below to confirm that you are prepared to apply for a check should one be necessary. Having a criminal record will not automatically debar you from your role. If you wish to speak to someone in confidence about Disclosure, please contact BAS on 01189 594 594.

Have you been convicted of any criminal offence?

Yes/No

If yes, please give details:

Signature	Date
Name in print	

Equal Opportunities Monitoring Form

BAS operates a policy of equal opportunity and fair treatment in employment. It is committed to opposing discrimination on the grounds of gender, colour, disability, marital status, religious belief, sexual orientation, race, ethnic or national origins, health status and age.

To assist us in monitoring our policy, and for this reason only, please would you complete this form and return it to BAS. All information given will be kept confidential.

Please place a tick in the relevant boxes:

Age:

<input type="checkbox"/>	0-18
<input type="checkbox"/>	36-45
<input type="checkbox"/>	65+

<input type="checkbox"/>	19-25
<input type="checkbox"/>	46-55

<input type="checkbox"/>	26-35
<input type="checkbox"/>	56-65

Gender:

<input type="checkbox"/>	Female
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<input type="checkbox"/>	Male
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Are you a person with ASD?

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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Are you a carer of someone with ASD?

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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How would you describe your ethnic origin?

<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Black – African
<input type="checkbox"/>	Black – Caribbean

<input type="checkbox"/>	Black – other
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian

<input type="checkbox"/>	Irish
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	White

Other (please specify):

The Disability Discrimination Act 1995 defines a disabled person as a person with a physical or mental impairment that has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Do you consider that you have a disability, as defined above?

<input type="checkbox"/>	Yes
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<input type="checkbox"/>	No
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Thank you for completing this form. Please return it to BAS at the address given above.