

AUTISM WEST – VOLUNTEER APPLICATION FORM	
Applicant's name	
Position applied for	
Address	
Email	
Contact Number	
Do you have any medical conditions that will impact your capacity to volunteer?	
Please provide details of at least one Emergency Contact (Name/Phone)	
Please provide contact details of two referees	
Name of referee:	Name of referee:
Email address:	Email address:
Phone number:	Phone number:

Please provide your answers to the following questions. Please refer to the Position Description for details of the requirements for the role.

Why would you like to volunteer for Autism West?
What relevant skills do you have for the position?
What relevant knowledge do you have for the position?
What relevant experience do you have for the position?
What relevant qualifications do you have for the position?
Successful candidates will be asked to obtain National Police Certificate and/or Working With Children Check. Are you willing to undergo these checks?
Autism West is looking for Volunteers who are able to commit to volunteering for a minimum 3 months. Please provide details of your availability including days & times.
Autism West may create some video clips/photos for promotional purposes. These clips may be used to assist in gaining sponsorship, for showcasing our services, and for new members in an Autism West introductory pack. Some clips and photos may also be displayed on Media avenues such as television, the internet, in our building and our website.
I hereby give permission for Autism West to use my photographic image for advertising/promotion purposes.
<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: (Printed Name if completed electronically)
Date: