



The Whole Autism Family

Volunteers Application Form

Contact information

Name

Address

Date of BirthPhone

Email

Valid Driver License

Volunteer Postion Information

What position are you applying for ?

What skills can you contribute to the charity ?

What experience do you have in this area ?

What days are you available ?

MON	TUES	WEDS	THURS	FRI	SAT	SUN
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What times are you available ?



The Whole Autism Family

Emergency Contact Details

Emergency Contact Relationship to Contact

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Phone

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS, FAILURE TO ANSWER HONESTLY WILL DISQUALIFY THE APPLICANT FROM SERVICE AS A VOLUNTEER WITH THE CHARITY .

Have you ever been convicted of a crime ?

Yes	No
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If yes, describe conviction below .

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By signing below you agree that all the information you have provided in this application are true and the best of your knowledge

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Signature

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Date