Autism NI Ambassador

Volunteer Application Form

Forename(s):

………………………………………………………………………………………………………………

Surname:

………………………………………………………………………………………………………………

Previous surname/maiden name (if applicable):

………………………………………………………………………………………………………………

Date of Birth:

………………………………………………………………………………………………………………

Address (including postcode):

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

……………………………………………………………………………………………………………....

Previous Address(s) within the last 5 years: ………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

……………………………………………………………………………………………………………....

Email address:

………………………………………………………………………………………………………………

Contact Tel:

………………………………………………………………………………………………………………

Mobile:

………………………………………………………………………………………………………………

Please give details of any relevant employment:

………………………………………………………………………………………………………………

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Any other experience, including interests and hobbies:

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How often are you available?

🞎 Fortnightly 🞎 Monthly

Please select what day and slot best suits for you to volunteer 2/3 hours of your time each fortnight or month?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sun | Mon | Tues | Wed | Thu | Fri | Sat |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Morning

Evening

*\*\*In person meetings occur on Saturday mornings, with Zoom groups taking place during the evening\*\**

Do you have own transport?

🞎 Yes 🞎 No

How did you find out about volunteering at Autism NI?

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………………………………………………………………………………………………………………

Why do you want to become an Autism NI Ambassador?

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

Please give names and addresses and telephone numbers of two referees NB (If working with autistic children and/or adults one referee will be contacted directly)

(1):

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………………………………………………………………………………………………………………

Email………………………………………………………. Telephone………………………………

Position: …………………………………………………………………………………………….........

(2):

………………………………………………………………………………………………………………

………………………………………………………………………………………………………………

Email………………………………………………………. Telephone………………………………

Position:

……………………………………………………………………………………………………………....

Please tick area/s of interest

|  |  |
| --- | --- |
| Autistic Adults Peer Network - Zoom |  |
| Autistic Adults Support Course – In Person |  |
| Family Support (Parent/Carer Support Group) |  |
| Events (hosting community or school information stands) |  |
| Promotion and marketing (bag packing/collection boxes etc) |  |
| Sponsored events (sporting, treks, hosting coffee mornings etc) |  |

Why do you want to serve in this position? How do you hope to benefit?

……………………………………………………………………………………………………………....

……………………………………………………………………………………………………………....

Please list any previous or current Work/Volunteer Experience

Organisation:

……………………………………………………………………………………………………………....

Position(s):

……………………………………………………………………………………………………………...

Date/s of service (mm/yy):

……………………………………………………………………………………………………………....

Declaration

Signature of applicant:

……………………………………………………………………………………………………………....

Date:

……………………………………………………………………………………………………………....

If you have any difficulties completing this application form, please contact Kelly Maxwell (Family Support Team) on 07979 505 571 or email [kelly.maxwell@autismni.org](mailto:kelly.maxwell@autismni.org)

Autism NI has an Equal Opportunities Policy. An ACCESS NI check will be completed if you are undertaking activity within the regulated activity guidelines.

If you would like to find out more about Autism NI, log onto our website [www.autismni.org](http://www.autismni.org)

Return this form to:

*Autism NI, Donard,*

*Knockbracken Healthcare Park,*

*Saintfield Road,*

*BELFAST*

*BT4 4HB*

Office use only

Application received: …………………

Initial contact date: ………………………...

Induction training letter: ………………

Attendance confirmed: ………………...