

Bendigo Autistic Advocacy
and Support Service

Co-convenors
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BAASS Position Intake Form Mentors, Volunteers

Position:

Name:

Date of birth:

Age:

Gender (please specify-not compulsory):

Ethnicity (please specify- not compulsory):

Phone number:

Email address:

Home address:

Emergency Contact/Parent if under 18yo. Name:

Relationship to you:

Phone Number:

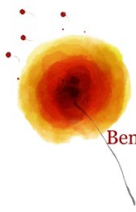
Please note you are required to be familiar with relevant Roles & Responsibilities documents and BAASS Values and Mission.

Bank account details for payments (Paid positions):

Institution name:

BSB:

Account number:



Bendigo Autistic Advocacy
and Support Service

BAASS Intake Form Mentors & Volunteers

Name:

Position:

Anything you would like us to know to assist us in ensuring your experience with BAASS is as inclusive and enjoyable as possible?

Do you have any allergies? Yes No

Please also advise of any food/drink you are unable to consume for allergies or any other reason.

Images/footage

Volunteers are asked to consent to being in any images/footage that may be taken during BAASS activities/ programs/events. These will always be respectful and we endeavor to seek permission each time. Images/footage are only used as relevant to BAASS and according to our Image/Footage Consent Information Form.

I consent to being in images/footage related to volunteering activities

I **do not** consent to being in images/footage relating to BAASS volunteering activities

For Volunteers under 18yo, please have your parent/carer also sign consent for you to be in images/footage.

Parent/carer Name:

Date:

I consent for _____ to be in images and footage as relates to volunteer activities with BAASS.

Signature:

Mentor/Volunteer:

I confirm that I have read the relevant BAASS Roles and Responsibilities, BAASS Vision and Mission and agree to the conditions.

Name:

Date:

Signature:



This section for admin purposes.

Name:

Position:

BAASS Co-Convenor Checks

Met with minimum two Co-Convenors.

Date:

Names:

Resume received

Sighted by- Name:

Date:

Signature:

Circulated to BAASS Co-Convenor group by:

Date:

WWC Check received & filed

Sighted by- Name:

Date:

Signature:

Locker key **Mentors only.**

Allocated and signed in key inventory

By: Co-convenor name:

Date:

Signed: