A picture containing text, graphics, graphic design, child art

Description automatically generated

Volunteer Application Form

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| --- | --- |
|  | |
| **Contact Information** | |
|  | |
| Name |  |
| Address |  |
| Postcode |  |
| Home Phone |  |
| Mobile Phone |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| **Neurodiversity** |  |

Are you Neurodivergent? (Autistic/PDA/ADHD/DCD – diagnosed or undiagnosed)

\_\_\_\_\_ Yes, I am Neurodivergent \_\_\_\_\_\_ No, I am not Neurodivergent

|  |  |
| --- | --- |
| **Availability** |  |
| During which hours are you available to volunteer? | |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

|  |
| --- |
| **Volunteer Work Interests** |
| Tell us in which areas you are interested in volunteering |
| Administration  \_\_\_ Running club sessions |
| Events |
| Community |
| Fundraising |
| Supporting members during the club  \_\_\_\_Counselling |
| Phone bank |
| Newsletter production |
| Volunteer coordination |

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| --- |
| **Why do you want to volunteer?** |

**Please tell us why you want to volunteer with Neurodivergent Safe Space**

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| **Special Skills or Qualifications** |
| If you have any special skills or qualifications that you have gained from previous paid or volunteer work, or through activities, clubs, hobbies, or sports, please list them here. |

# Previous Volunteer Experience

Have you had any previous experience volunteering? If so, please write it down here

# Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Relationship to You |  |
| Address |  |
| Postcode |  |
| Home Phone |  |
| Mobile Phone |  |
| E-Mail Address |  |

**Agreement and Signature**

By submitting this application, I confirm that what I have written is true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

# Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please email your completed form to: [info@neurodivergentsafespace.co.uk](mailto:info@neurodivergentsafespace.co.uk)

Once we have received and reviewed your form, we will be in contact with you to discuss the next steps.

All information provided on this form will be kept confidential and stored securely as per GDPR regulations.

If you would like to withdraw your information from our records, please contact us at: [info@neurodivergentsafespace.co.uk](mailto:info@neurodivergentsafespace.co.uk) and we will destroy all records.