**Sefton ASD & ADHD Services**

**Volunteer Application Form**

**Please return completed form to:** **seftonadhdasd@gmail.com**

| **Personal Details** |
| --- |
| Name |  |
| Telephone No  |  |
| Email  |  |
| Date of Birth:  |  |
| Address: |  |
| **What Hub do you want to work in?** |
| **Social Nights** |  | **Support Groups** |  | **Both**  |  |
| **Experience/ Questions** |
| Please tell us why you are. I am interested in volunteering. with us? |  |
| Please tell us about any relevant experience you have with working with autism. |  |
| Do you have any health problems or a disability, we should know about? |  |
| Do you have any relevant training?First Aider, Food Hygiene  |  |
| Is there anything else we should know about you? |  |
| **What’s your unavailability?**  |  |

| **References** |
| --- |
| Please provide us with the details of 2 people who can provide a reference. They must be over 18 and have known you for at least two years and not be related to you |
| **Reference 1** Name Address Telephone Email How do they know you? How long have they known you? |  |
| **Reference 2**Name Address Telephone Email How do they know you? How long have they known you? |  |

| **Emergency/ next of kin Contact Details** |
| --- |
| Name:Telephone:Other NumberRelation to you? |

| **Data Protection & Confidentiality Policy:**Here at **Sefton ASD Services.**, we take our duty to protect your personal information and confidentiality seriously. We will store your information in a safe place, we won't share your information with anyone without your consent and if we do it will only be shared with the right people! Otherwise, we won’t share anything we don’t have too! |
| --- |
| volunteer signature: Signature: **🗶** Date: |
| ***\*Office use only*\***  |
| Manager SignatureSignature: Date:  |
| **please return this Application form to** **seftonadhdasd@gmail.com**Would you like to be added to our WhatsApp group? **YES/ NO** |