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| --- | --- | --- |
| **Name:** | | |
| **Preferred name:** | | |
| **Date Completed:** | | |
| **Neurodivergence/ additional need:**  Autism  ADHD  Dyslexic  Dyspraxia  Dyscalculia  OCD  Epilepsy  Tourette’s  Anxiety  Sensory Processing Difficulties  Other (please state) | **I prefer my identity described as:**  Don’t mind  Identity first (an autistic person)  Person first (a person with autism)  Other | |
| **I like these ways of communicating:**  ☐ Phone  ☐Texting  ☐ Email  ☐ In person  ☐ Written  ☐ Virtual or online  ☐ Other (please give details) | **I don’t like these ways of communicating:**  ☐ Phone  ☐ Texting  ☐ Email  ☐ In person  ☐ Written  ☐ Virtual or online  ☐ Other (please give details) | |
| **Other things about communicating with me you need to know:**  ☐ I can be very literal  ☐ I need time to process information and respond  ☐ I prefer direct questions  ☐ I find eye contact difficult  ☐ I may be very direct  ☐ I prefer verbal instructions  ☐ I prefer written instructions  ☐ I find it difficult to ask for help  ☐ Other (please give details) | | |
| **Things that make me feel anxious:**  ☐ Unfamiliar places  ☐ New people  ☐ Travelling to new places  ☐ Unexpected changes  ☐ Too many people  ☐ Certain textures  ☐ Being put on the spot | | ☐ Starting / finishing late  ☐ Not knowing what to expect  ☐ Bright lighting  ☐ Noisy environments  ☐ Smells or aromas  ☐ Speaking in front of people  ☐ Other (please give details below) |
| **Things that will help me get the most out of my volunteering training:**  ☐ Knowing what each part of the training will involve  ☐ Somewhere to take notes  ☐ Having information in writing  ☐ Being able to ask questions anonymously  ☐ Regular movement breaks  ☐ A quiet space for breaks  ☐ Other (please give details)  **Things that will make me feel comfortable at my volunteer interview:**  ☐ Having my interview in person  ☐ Knowing what questions will be asked before I attend  ☐ Sensory aids  ☐ Knowing who will be interviewing me  ☐ Other (please give details)    **Things that will help me get the most out of my volunteering experience:**  ☐ Frequent check ins via phone call or text from my Activities and Volunteers Coordinator  ☐ Extra visits by my Activities and Volunteers Coordinator at my activity.  ☐ Knowing what we will be doing in each session  ☐ As much notice as possible if there are any changes  ☐ Having information in writing  ☐ Other (please give details)  **I am happy for this information to be shared with the activity leader at my matched child’s activity.** ☐ Yes ☐ No | | |