



<i>Official Use Only</i>	
<i>Date Received:</i>	_____
<i>Signed:</i>	_____

## VOLUNTEER

### ACCEPTANCE FORM

#### Declaration

I acknowledge that I have read and considered the Volunteer Policy of Dyspraxia/DCD Ireland. I understand the content of the policy and agree to conduct myself in accordance with it.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*On behalf of Dyspraxia/DCD Ireland we would like to thank you for volunteering. We understand that you have made a commitment to us and we would like you to know that we truly do value your support.*