

Sussex Multiple Sclerosis Treatment Centre Volunteer Application Form

Tell us who you are and how to get in touch with you

Full name	<input type="text"/>	
Address (including Postcode)	<input type="text"/>	
Telephone (Including STD Code)	<input type="text"/>	Mobile <input type="text"/>
Email address	<input type="text"/>	

Use this section to tell us about your skills and interests

Your availability (Please tick as appropriate)	Mon am <input type="checkbox"/> pm <input type="checkbox"/>	Tues am <input type="checkbox"/> pm <input type="checkbox"/>	Weds am <input type="checkbox"/> pm <input type="checkbox"/>	Thurs am <input type="checkbox"/> pm <input type="checkbox"/>	Fri am <input type="checkbox"/> pm <input type="checkbox"/>	Sat am <input type="checkbox"/> pm <input type="checkbox"/>	Sun am <input type="checkbox"/> pm <input type="checkbox"/>	Totally flexible <input type="checkbox"/>
Tell us about any volunteering experience or any previous employment you have?								
<input type="text"/>								
Are you applying for a specific vacancy or do you have specialist skills, interests or hobbies that you would like to use when volunteering for the MS Treatment Centre?								
<input type="text"/>								
Are there any particular skills you would like to develop by volunteering with Ms Treatment Centre?								
<input type="text"/>								

Equal Opportunities

A) The Sussex MS Treatment Centre welcomes volunteer applicants with all range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back).

B) Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?
Yes No

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

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What age group do you fall into? 14-16yrs 17yrs 18yrs and over

Who can we contact as referees?

This can be your previous manager, a support/care worker, landlord, tutor or another volunteer.

1) Name

Address

Postcode

Tel No.

Email
address

How do you know this person?

2) Name

Address

Postcode

Tel No.

Email
address

How do you know this person?

Who can we contact in case of an emergency?

Name

Tel No

Mobile No.

Relationship to individual

Information about visas If you are from the European Union, you are free to volunteer in the UK.

For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out. The MS Treatment Centre is not able to sponsor volunteer visas.

Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. They will be accessed by authorised management.

I declare the information I have provided is true.

Signed

Date

For office use only

Volunteer's start date

Date H&S training complete

References collected

Risk assessment (if sections a and/or d (14-16 or 17) ticked yes you will need to complete one

Parental consent given for under 16

Additional notes

If applicable, visa has been checked