



Volunteer Application/ Registration Form

PLEASE RETURN THIS COMPLETED FORM TO THE VOLUNTEERING TEAM AT
372 EDGWARE ROAD, LONDON, NW2 6ND

Section A

Title _____ First name _____

Surname _____ Male Female

Address _____

Postcode _____

Date of birth _____ Telephone _____

Email _____

Have you volunteered with us before? Yes No

If yes, please provide details _____

Which volunteer roles are you interested in?

If you know which role you are applying for, please write it here:

Or tick one of the below: (Please note, some roles might not be available at time of interest)

- | | |
|--|---|
| <input type="checkbox"/> Helping with local groups | <input type="checkbox"/> Maintaining a local website, social media, producing newsletters/PR |
| <input type="checkbox"/> Helping with national support groups
<input type="checkbox"/> Asian MS <input type="checkbox"/> Mutual Support | <input type="checkbox"/> Organising activities and events (Coffee mornings, socials, assisting at an event) |
| <input type="checkbox"/> National Helpline volunteer | <input type="checkbox"/> Supporting the information team to review resources and publications |
| <input type="checkbox"/> Helping to recruit and induct volunteers | <input type="checkbox"/> Influencing local services |
| <input type="checkbox"/> Supporting people (emotional support, information locally & signposting, liaising with health professionals and promotion of service) | <input type="checkbox"/> Supporting our campaigns community (signing petitions, writing to MPs) |
| <input type="checkbox"/> Fundraising (organising events, trust applications, collecting and co-ordinating a team) | <input type="checkbox"/> Supporting our Research Network (reviewing grants, shaping research) |
| | <input type="checkbox"/> Supporting staff in one of our national offices |
| | <input type="checkbox"/> Increasing awareness of MS (Ambassador) |

Section B - Location and Availability

Please tick where you want to volunteer; Home / Locally / National Office

When do you want to volunteer? (Please tick the times you're available)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Am Pm	Am Pm	Am Pm	Am Pm	Am Pm	Am Pm	Am Pm
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Section C - NB: Make brief notes, this section will be discussed at interview stage. Please tell us why you would like to volunteer for us.

Please tell us any skills you have which relate to the role you're interested in and if you have skills/experience not relating to the volunteering role which you are happy to share with us.

- | | | |
|---|--|--|
| <input type="checkbox"/> Bookkeeping/Accounting | <input type="checkbox"/> Volunteer Management/Leadership | <input type="checkbox"/> Supporting people |
| <input type="checkbox"/> Administration/IT Skills | <input type="checkbox"/> Organising events/activities | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Influencing local services | |

Do you have any access needs that we should be aware of to enable us to support you in your volunteering?

- I require step-free/wheelchair access. Further information: _____
 - I require all information in electronic format _____
 - I require my carer/PA to be in attendance _____
 - I require the support of a BSL interpreter _____
 - I have dietary requirements _____
 - I have health considerations which may impact on my role _____
 - Other access needs you think we should be aware of (please provide details)
-

Emergency contact details

Please supply details of someone who we could contact in the unlikely event of you being involved in an emergency whilst volunteering for us

Name: _____

Relationship to you: _____

Telephone: _____

References

Some volunteering roles can require either one or two references - Please be prepared to provide details of 1 or 2 people (not related to you) who we can contact to ask about your suitability for the role.

Data Protection: MS Society will hold your data for its own records. Your data will not be released to any third parties without your permission. MS Society will use this information to process your application and contact you about our volunteering work. To view our privacy policy click [here](#).

Thank you

TO BE COMPLETED BY RECRUITER

Interview Date: _____	Start Date: _____
Disclosure Check required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Role: _____	
Reference request required	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Location: _____	
Recruiter: _____	
Details to be entered on Volunteer Database	
Unique Reference/ID number _____	