Volunteer

Application/

Registration Form

PLEASE RETURN THIS COMPLETED FORM TO THE VOLUNTEER SUPPORT TEAM AT [VOLUNTEERSUPPORT@MSSOCIETY.ORG.UK](mailto:VOLUNTEERSUPPORT@MSSOCIETY.ORG.UK)

**Section A**

Title First name

Surname Gender

Address

Postcode

Date of birth (\*MS Society is unable to offer a volunteer role to anyone under 18)

Telephone

Email

Have you volunteered with us before? Put an X in the relevant box Yes No

If yes, please provide details

What is your ethnicity group?

Which volunteer roles are you interested in?

If you know which role you are applying for, please write it here, along with the location:

Role: Location/Group:   
Or put an X in one of the boxes below: (Please note, some roles might not be available at time of interest)

Helping with local groups

Supporting with engaging communication (via social media or newsletters)

Organising activities and events (coffee mornings, socials, assisting at an event)

Increasing awareness of MS

Supporting staff in one of our national offices

Supporting our Research Network (reviewing grants, shaping research)

Supporting our Campaigns community (signing petitions, writing to MPs)

Supporting people (emotional support, information & signposting, liaising with health professionals and promotion of services) 

Supporting the information team to review resources and publications

Fundraising (organising events, trust applications, collecting and co-ordinating a team)

Helping to recruit and induct volunteers

National Helpline Volunteer

Helping with national support groups

**Section B - Location and Availability**

Put an X for where you want to volunteer; Home Locally National Office

When do you want to volunteer? (Please put an X in the boxes you’re available)

Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday

Am Pm Am Pm Am Pm Am Pm Am Pm Am Pm Am Pm

**Section C** - NB: Please make some brief notes about why you would like to volunteer with us. This section will be discussed at interview stage.

Please tell us about any skills you have which relate to the role you're interested in. If you would like to share any additional skills/experience which do not directly relate to your role, you are also welcome to do so.

Bookkeeping/Accounting Volunteer Management/Leadership Supporting people Organising events/activities

Administration/IT Skills Influencing local services

Writing/Editing Fundraising

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 we can contact in the unlikely event of you being involved in an emergency whilst volunteering for us.

Name:

Relationship to you:

Telephone:

**Data Protection**: The MS Society will hold and use the information provided above to process your volunteer application and contact you regarding your volunteering role.   
  
To find out how we use and manage your personal data you can see our full privacy notice at [www.mssociety.org.uk/privacy](http://www.mssociety.org.uk/privacy). Our updated notice contains more information about our processing of your data and your rights. You can also call our Supporter Care team on 0300 500 8084 to get a copy or to change what you receive from us. We promise as the MS Society to respect and keep secure your personal information.

**Thank you**

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TO BE COMPLETED BY RECRUITER

Role:

Start Date:

Group/location:

Disclosure Check required

Yes [ ] No [ ]

Reference requested: Yes [ ] No [ ]

Recruiter name:

Details to be entered on

Raiser’s Edge? Yes [ ] No [ ]