



# 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?  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 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"/> Supporting with engaging communication (via social media or newsletters)           |
| <input type="checkbox"/> Helping with national support groups   | <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"/> Supporting our Campaigns community (signing petitions, writing to MPs)             |
| <input type="checkbox"/> Supporting people (emotional support, information & signposting, liaising with health professionals and promotion of services) | <input type="checkbox"/> Supporting our Research Network (reviewing grants, shaping research)               |
| <input type="checkbox"/> Fundraising (organising events, trust applications, collecting and co-ordinating a team)                                       | <input type="checkbox"/> Supporting staff in one of our national offices                                    |
|   | <input type="checkbox"/> Increasing awareness of MS   |

## 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

**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.

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

Multiple Sclerosis Society. Registered charity numbers 1139257 / SC041990 Registered as a limited company in England and Wales 07451571.

### 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 [ ]