



MS Research and Relief Fund

"Supporting all people affected by Multiple Sclerosis"

Benmar House, Choppington Road, Morpeth, Northumberland NE61 2HX

Tel: 01670 505829 Fax: 01670 516347

Web: www.ms-researchandrelief.org E-mail: info@ms-researchandrelief.org

VOLUNTEER APPLICATION FORM

Surname:	Title: Dr / Mr / Mrs / Miss / Ms
Forenames:	Date of Birth:
Address:	Telephone: Home: Work:

CAPACITY IN WHICH YOU WISH TO VOLUNTEER

Please give details of the type of Voluntary work you would like to undertake:

AVAILABILITY:

Can you please give details of the days and times you are available to help?

Is there any other information you would like to give concerning availability?

Are you a car owner? YES/NO

Are you a car driver? YES/NO

HEALTH INFORMATION

Do you have any current health problems, which would affect your work as a volunteer?

EDUCATION, TRAINING & QUALIFICATIONS		
Please give details of any education; training and qualifications, which you feel, would be relevant to volunteering.		
EXPERIENCE		
What experience, skills and or personal qualities do you have that you feel may contribute to the work of MSRRF?		
REASONS FOR VOLUNTEERING		
Please state on a separate sheet if you wish why you want to be a volunteer.		
ANY OTHER INFORMATION YOU FEEL MAY BE IMPORTANT		
<p>REHABILITATION OF OFFENDERS ACT The nature of the work for which you are volunteering <u>may</u> be exempt from the Rehabilitation of offenders Act (Exempt order 1975). In such cases you <u>may</u> be required to undertake a CRB Disclosure. This will be discussed with you at interview stage.</p> <p>ALL PERSONS ARE REQUIRED TO DISCLOSE UNSPENT CONVICTIONS. This may not necessarily bar you from volunteer work.</p>		
Date	Nature of offence	Penalty

REFERENCES

Please provide the names and addresses of two people we could contact for a reference. These should be people who know you well, but are not relatives and can comment on your suitability to undertake voluntary work for MSRRF.

Name: Address: Telephone No:	Name: Address: Telephone No:
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How did you find out about the organisation?

I hereby declare that the information given on this form is correct to the best of my knowledge.

Signature: Date:

Please return this form to:

MS Research and Relief Fund
Benmar House
Choppington Road
Stobhill
Morpeth
Northumberland
NE61 2HX