



# 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](http://www.ms-researchandrelief.org) E-mail: [info@ms-researchandrelief.org](mailto: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?

<b>EDUCATION, TRAINING &amp; QUALIFICATIONS</b>		
Please give details of any education; training and qualifications, which you feel, would be relevant to volunteering.		
<b>EXPERIENCE</b>		
What experience, skills and or personal qualities do you have that you feel may contribute to the work of MSRRF?		
<b>REASONS FOR VOLUNTEERING</b>		
Please state on a separate sheet if you wish why you want to be a volunteer.		
<b>ANY OTHER INFORMATION YOU FEEL MAY BE IMPORTANT</b>		
<p><b>REHABILITATION OF OFFENDERS ACT</b>  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>		
<b>Date</b>	<b>Nature of offence</b>	<b>Penalty</b>

**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

or

MS Research and Relief Fund Shop  
63 North Road  
Durham  
DH1 4SQ