

Prospective Volunteer Application Form

PERSONAL INFORMATION: [Please complete using black ink and block capital letters)																
Preferred Title:	Mr / Mrs / Ms / Miss / Other										Date of Birth	[For Insurance Purposes only]				
Surname:						First Name										
Address:																
Post Code:						Preferred Time of Contact:	am	pm								
Home Tel No:						Mobile Tel No:										
E Mail Address																
Would you like us to contact you by E-Mail?										Yes			No			
Current Occupation:						Work Contact No:	[if happy to be used]									

EMERGENCY / NEXT of KIN CONTACT: [Please provide details of the person to be contacted if you have an emergency situation]																
Name:											Relationship:					
Address:																
Post Code:																
Home Tel No:						Mobile Tel No:										
Place of Work:						Work Tel No:										

Why do you want to become a volunteer and particularly for The Kent Ms Therapy Centre															
<input type="checkbox"/> Believe in Cause <input type="checkbox"/> Do Something Different <input type="checkbox"/> Gain/Broaden Experience <input type="checkbox"/> I Have Spare Time <input type="checkbox"/> Build Confidence <input type="checkbox"/> To Be/Remain Active <input type="checkbox"/> Share Knowledge & Expertise <input type="checkbox"/> Other – State Below															

Have you previously been associated in any way with the KMSTC?										
User of Service		Relative		Donor		Fundraiser		Schools		Corporate
Other – Please State										
Do you know anyone with MS?							Yes		No	

There are many different ways and locations in which you can assist us depending on current vacancies. Please consider the options below and indicate your interest.

KMSTC	KENT	In Your Community	KENT
Administration		Ambassador Program <i>(Giving talks/receiving cheques)</i>	
Care		Collection Boxes/Store Collections	
Catering		Corporate Engagement	
Driving		Leafleting & Signage	
Gardening		Help at KMSTC Events	
IT & Social Media		Organize your own Events (community)	
Housekeeping		Setting up Events	
Maintenance			
Reception			
Shop			
Physio			
Fundraising			
HBO			

YOUR AVAILABILITY - Please tick all applicable							
Weekdays		Weekends		School Term		School Holidays	

OTHER INFORMATION - How will you reach your place of Volunteering									
Drive		Public Transport		Walk		Lift		Other	

Have you volunteered for any other organisation				Yes		No	
If Yes Details: - Name of Place of Volunteering							
Your Role				Dates From ___/___/___ To ___/___/___			

Reason for Leaving	
Name of Volunteering manager	
We will need to contact your previous volunteering placement for a reference if applicable.	

REFERENCES:	
Please provide the name, address and contact numbers for TWO referees. If you are employed or have recently left employment then the first referee should be your employer. If you have volunteered or are still volunteering then one referee should be your volunteer placement manager. Additional referees can be employers or friends who have known you for at least ONE YEAR , but must NOT be family members.	
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
E-Mail:	E-Mail:
How is this person known to you?	How is this person known to you?
How long have you known this person?	How long have you known this person?

Criminal Convictions
Please give details of any unspent convictions as defined in the Rehabilitation of Offenders Act 1974. A conviction will not necessarily exclude you from volunteering. We are legally obliged to ask. We do consider any conviction in relation to the voluntary position for some roles.
PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING AND SUBMITTING YOUR APPLICATION

I am willing to undertake an Induction session and authorise KMSTC to perform a check of my background which could include the following:

- Disclosure check by the Disclosure & Barring Service
- Driving Record
- References
- Past Employment/Volunteer History

I understand that the information collected during this background check will be limited to that appropriate in determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential

In order for us to try and make any reasonable adjustments and consider the appropriate support required, these might include Health, please complete the following

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AEN (Additional Educational Needs)		Asthma		Autistic Spectrum		Back Pain	
Chronic Pain		Dyslexia		EAL (English as additional language)		Epilepsy	
Hearing Difficulties		Migraine		Mental Health		Visual Impairment	
Speech Difficulties		Other				None	
Other Information Medication, Adaptations, Support Required Last Episode experienced/Frequency							

Protecting your personal information

KMSTC retains on file information (including health and equalities data) from this form and any attached documents. This is required for volunteer recruitment and equal opportunities monitoring purposes. All information will be dealt with in accordance with the Data Protection Act 1998. Access & storage of data is managed in accordance with KMSTC Policies and Data Protection requirements.

Equal Opportunities

Everyone KMSTC is of equal value and we always treat each other with respect. Our aims are to make sure that no member, carer, job applicant, volunteer or existing colleague is less favourably treated on the grounds of their gender, marital status, sexual orientation, disability, race, religious belief, colour, nationality, ethnic origin or age or that no-one is disadvantaged by conditions, requirements or practices which cannot be shown to be just and fair. The way we recruit and work should ensure that colleagues and volunteers are selected, promoted and treated according to their ability. All volunteers will have equal opportunities to train and develop, if they wish to do so.

Data Protection

KMSTC will process your information in accordance with the Data Protection Act 1998 and other relevant regulations. We will only use the information we hold about you in relation to your voluntary work. We will only collect the minimum information necessary to fulfil that purpose, and keep the information for as long as we require it for this purpose. You can find more information regarding how we use your data by reading our privacy policy.

Without support from you and others like you we would not be able to improve the quality of life for people with MS, who need the services we provide. We would really like to keep you informed about the work we do and send you our newsletter and other information about KMSTC. Sending info by email is the most cost effective way for us to do this, so if you would like to receive information about KMSTC this way, please tick this box

Photographic Permission

I consent to any photographs taken of me whilst in my role as a volunteer being used on promotional materials, KMSTC website and social media sites. Yes No

NB - ALL VOLUNTEERS are subject to References and DBS Checks (if applicable) and a 3 month trial [beginning after your department induction]

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The Kent MS Therapy Centre

Name:	
Signature:	Date of Application:

Kent MS Therapy Centre
Bradbury House
Merton Lane North
Canterbury
Kent
CT4 7DZ

Tel 01227 470876. E-Mail: info@kmstc.org

Once we have received your completed form we will invite you to attend an informal visit so that we can discuss if we have any relevant vacancies to utilise your skills.

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