

# Kent MS Therapy Centre

## VOLUNTEER APPLICATION FORM



WHICH ROLE ARE YOU APPLYING FOR?

TITLE FIRST NAME LAST NAME

DOB PHONE EMAIL

ADDRESS

### REFEREES

\*Family members cannot be referees and we require at least one professional reference

First Name

First Name

Last Name

Last Name

Relationship

Relationship

Phone

Phone

Email

Email

### EMERGENCY CONTACT

First Name

Relationship

Last Name

Phone

### MORE ABOUT YOU

In order for us to help support you when you are volunteering, please let us know if there is anything you would like us to know about you:

How did you hear about the Kent MS Therapy Centre?

### DECLARATION Please answer Yes or No

Do you have any unspent criminal convictions?

I confirm that the information given on this form is accurate

I understand that my volunteering with KMSTC may involve situations and information of a confidential nature.

I agree to maintain confidentiality at all times and not to disclose sensitive information I come across during my role as a volunteer to anyone without the consent of KMSTC

### STAYING IN TOUCH Please answer Yes or No

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'd love to keep you informed about opportunities to get involved with fundraising, volunteering and campaigns. Please let us know how you would prefer to hear from us:

Email

Text

Phone

Post