

Volunteer application form

Please complete ALL sections of this form carefully.

Personal details

Surname: _____

First names: _____

Please tick the appropriate box:

Mr Mrs Ms Miss Other: _____

Date of birth: ____ / ____ / ____

Address: _____

_____ Postcode: _____

Telephone no (including area code): _____ Mobile no: _____

Email address: _____

Role matching information

Volunteer role applied for (if known): _____

Preferred location of role (not all roles are available in all areas):

Do you hold a full UK driving licence? Yes No

Do you have use of a private car? Yes No

When are you available to volunteer?

What are your interests?

- Work with stroke survivors (one to one, communication support, group activities)
- Fundraise for stroke (raise funds, support our events, events marshall)
- Speak up for stroke (campaign, share your experiences of stroke in the media)
- Help to prevent stroke (give talks, support Know Your Blood Pressure events, attend conferences and events)
- Help us run smoothly (special project work, internships, office and business support)
- Tell us what matters (share your experience, shape future policy)

Briefly tell us why you'd like to get involved with the Stroke Association?

What skills and experience can you offer?

- | | |
|--|--|
| <input type="radio"/> Project management | <input type="radio"/> Fundraising |
| <input type="radio"/> Public speaking | <input type="radio"/> Arts and Crafts |
| <input type="radio"/> Languages (please specify below) | <input type="radio"/> Marketing |
| <input type="radio"/> Administration | <input type="radio"/> Managing people |
| <input type="radio"/> Driving | <input type="radio"/> Media and journalism |
| <input type="radio"/> Event organisation | <input type="radio"/> Websites and social media |
| <input type="radio"/> IT skills | <input type="radio"/> Speech and language therapy |
| <input type="radio"/> Campaigning | <input type="radio"/> Training and Facilitation |
| <input type="radio"/> Using my experience of stroke to help others | <input type="radio"/> Leadership and Governance |
| <input type="radio"/> Sport and Exercise | <input type="radio"/> Other (please specify below) |

Briefly tell us about any other skills and interests you can share with us?

Next of Kin details (for contact in an emergency)

Surname: _____

First names: _____

Mr Mrs Ms Miss Other: _____

Address: _____

Postcode: _____

Telephone no (including area code): _____ Mobile no: _____

Relationship to you: _____

Referees

Please give details of two people who we can ask for a reference to support your application. Referencing is one way of ensuring safe volunteer involvement, however not all of our volunteering opportunities require an individual to provide two references. As a general rule, any role that may involve supporting potentially vulnerable groups such as those in our Life After Stroke services and Voluntary Groups to provide references. **Referees should not be family members.**

Referee One

Name: _____

Address: _____

_____ Postcode: _____

Telephone no (including area code): _____ Mobile no: _____

Email address: _____

Relationship to you: _____ Length of time known to you: _____

Referee Two

Name: _____

Address: _____

_____ Postcode: _____

Telephone no (including area code): _____ Mobile no: _____

Email address: _____

Relationship to you: _____ Length of time known to you: _____

Rehabilitation of offenders Act (1974) (Exemption Order 1975)

There is a pre-established period of time after which a person is classed as rehabilitated and their conviction is 'spent'. As your role may involve supporting vulnerable groups it is necessary under the above order to ask the following:

Have you ever been convicted of a criminal offence? Yes No

If yes please give brief details: _____

I understand that under the provisions of the above Act I am required to reveal any convictions I have incurred:

Signed: _____ Date: ____ / ____ / ____

Stroke Association volunteer policy

It is the Stroke Association's policy to appoint the most suitable volunteers and to provide equality of opportunity at all times. We do not discriminate against people because of their age, sex, marital status, ethnic origin, nationality, sexual orientation, trans-status, political beliefs, HIV/AIDS status, adaptable needs or religion.

Want to do more to support stroke?

Every year around 152,000 strokes happen in the UK. That's one stroke every three and a half minutes. There are thousands of other people affected by stroke out there, and the Supporters' Network can help you stay in touch.

Through this fortnightly email you will get regular emails sharing people's stories, problems, successes and tips, as well as simple ways you can make life a bit easier for people affected by stroke. Together we can do things we couldn't manage alone.

It's free to join, you can unsubscribe at any time, and we won't share your details with other organisations.

- I want to be part of the Supporters' Network
(to join we need your email address and postcode)

Staying in touch

By completing this form you agree to your details being held by the Stroke Association in accordance with the Data Protection Act 1998 and being used to contact you with information relevant to your role with us. We'd also like to keep you informed about our other work and activities.

- If you would like to hear about our other work and activities by email please tick here
 If you would prefer not to hear from us by phone or mail please tick here.

Confidentiality Statement

I am willing to abide by the values and behaviours of the Stroke Association. I agree not to disclose confidential information about people who have had a stroke, their families and carers or the organisation, gained in the course of my involvement, to any outside party.

Signed: _____

Date: ____ / ____ / ____

Find out more about stroke what we do and how you can help:

stroke.org.uk or call our Stroke Helpline: 0303 3033 100

Follow us on:

Twitter  www.twitter.com/thestrokeassoc

Facebook  www.facebook.com/TheStrokeAssociation

