

Volunteer Application Form

Thank you very much for your interest in volunteering with the Blood Pressure UK. We would be grateful if you could fill in this form as fully as possible so that we can find a role that’s right for you. You can either print this form off and post it back, or fill it in on the computer and email it to adam.myers@bloodpressureuk.org

|  |  |  |
| --- | --- | --- |
| **Your details** | | |
| Title |  | |
| First name |  | |
| Last name |  | |
| Date of birth |  | |
| Address |  | |
| Postcode |  | |
| Telephone |  | |
| Mobile |  | |
| Email |  | |
| When is the best time to contact you? | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Volunteering details** | | | | |
| Role applied for (if specified): |  | | | |
| What days/times are you available? |  | | | |
| How long would you be available for? | 1-3 months | | 3-6 months | 6-12 months |
| Indefinitely | | Not sure | Other: |
| What date would you be able to start? | |  | | |
| Please give details of your skills and experience that you think will be useful in this role: | | | | |

|  |  |  |
| --- | --- | --- |
| Are there any particular skills you would like to learn or develop in this role? | | |
| What would you like to gain from volunteering? | | |
| Help others | Work experience | Meet people |
| Other: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **References** | | | |
| Please give details of two referees that we can contact. These should be people who have known you for at least two years but who are not related to you. Ideally, at least one should be from your previous employment, education or voluntary role. | | | |
| Referee 1 | | Referee 2 | |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone |  | Phone |  |
| In what capacity do you know them? | | In what capacity do you know them? | |

|  |  |
| --- | --- |
| Do you consider yourself to have a disability or impairment? | Yes  No |
| If yes, please state: | |
| Do you have any particular needs in relation your disability/impairment? If yes, please give details: | |

|  |  |
| --- | --- |
| **Data protection and signature** | |
| I am happy that the information given above may be held on file/transferred to computerised database for the purposes of volunteering for the Blood Pressure UK. | |
| Signed: | Date: |
| **Thank you for taking the time to complete this form. Please return this form to:**  **Blood Pressure UK, Wolfson Institute, Charterhouse Square, London, EC1M 6BQ**  **Tel: (020) 7882 6255, Fax: (020) 7882 6270, Web: www.bloodpressureuk.org**  Registered charity number: 1058944 | |