



VOLUNTEER APPLICATION FORM

1. DETAILS OF APPLICANT

Name.....

Email.....

Address.....

Postcode.....

Contact Telephone Number.....

Age: (Please circle) (16-24) (25-30) (30-40) (40-50) (50+) (Prefer not to say)

Present occupation: _____

Previous occupation if unemployed or retired: _____

Have you been personally affected by sepsis? YES/NO

2. PREVIOUS EXPERIENCE

Have you had any previous contact with Sepsis Research (FEAT)

.....

Please indicate any particular experiences, skills, qualifications and qualities which you have that you would like to use:

.....

.....

Please tick what area of volunteering you are interested in:

Fundraising

Advocate

Administration

Please Turn Over

VOLUNTEER APPLICATION FORM CONTINUED

3. REFERENCES

Please give the names and addresses of two referees who have known you for at least 2 years. They MUST NOT be relatives.

1. Name _____

Address _____

Relationship to you _____

Email _____

Contact Number _____

2. Name _____

Address _____

Relationship to you _____

Email _____

Contact Number _____

4. DECLARATION

I certify that the above information is correct to the best of my knowledge.

Signed _____ Date _____

KEEPING IN TOUCH

If you are happy for Sepsis Research to contact you via email, please tick this box (contacting you via email will reduce your costs) You can opt out at any time. Please see your privacy policy on our website.

Thank you for your interest in volunteering with us

Please return your completed forms to the address below.

Sepsis Research

89 Seaward Street

Glasgow G41 1HJ

Registered Charity no. SC044017