

Volunteer Application Form

1. DETAILS OF APPLICANT

Name:

Address:

Postcode:

Email:

Contact 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)

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Please tell us about any experience, skills, qualifications and qualities which you have that you would like to use:

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.....

Please tick which areas of volunteering you are interested in:

Fundraising Advocate Administration Share your sepsis story

3. EMERGENCY CONTACT DETAILS – (will only be used in an emergency)

Name:

Telephone No:

Relationship to you:

Please Turn Over

Volunteer Application Form

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4. REFERENCES

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

Reference 1

Name:

Address:

Relationship to you/ how you know them:

Email:

Contact Number:

Reference 2

Name:

Address:

Relationship to you/ how you know them:

Email:

Contact Number:

5. CONFIDENTIALITY

From time to time as a volunteer you may encounter confidential information relating to our staff, other volunteers, our third-party suppliers or our research work. You have an obligation not to disclose it, except in the proper course of your volunteering duties or as required or permitted by law.

6. 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 our privacy policy on our website.

Please return your completed forms to the address below.

Sepsis Research
89 Seaward Street
Glasgow, G41 1HJ
Registered Charity no. SC044017

Thank you for your interest in volunteering with us