

Volunteer application form



Association

Finding **strength**
through **support**

Please complete ALL sections of this form carefully.

Personal details

The Stroke Association will use your personal information to process your application. For more details on how we use and look after your personal information, read our **privacy policy**.

First name

Surname

Please tick the appropriate box:

Mr Mrs Ms Miss Other: _____

Date of birth:

Address:

Postcode:

Telephone no (including area code):

Mobile number:

Email address:

If your application is successful we may contact you with login details for our intranet and LEARN training system.

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

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

Next of kin details

(if you are successful in your application, we will use these details for contact in an emergency)

First name:

Surname:

Please tick the appropriate box:

Mr Mrs Ms Miss Other: _____

Address:

Postcode:

Telephone no (including area code):

Mobile number:

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. For these roles, we will contact your referees using the personal information you provide below. **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: _____

Certain roles, will be subject to additional safeguarding checks (DBS, PVG or Access NI).

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

I have incurred. 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.

I confirm that the information I have given is accurate, and that my referees and next of kin are aware of the personal information provided about them.

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.

Keeping in touch

Join us in supporting thousands of people and families affected by stroke across the UK. We'd love to send you information about the difference you can make to these families through campaigning, volunteering, donating and fundraising.

How would you like to hear from us? Please tick:

Email Phone SMS

Your privacy is our priority. We promise to keep your details safe and will never sell them. We will also keep in touch by post about how we can continue to support you, and opportunities to support us. If you would like to change the way you hear from us, just call **0300 3300 740** or email supporter.relations@stroke.org.uk. How we protect and use your personal data is set out in our [privacy policy](#).

Find out more about stroke, what we do and how you can help:
stroke.org.uk or call our Stroke Support Helpline: **0303 3033 100**