

VOLUNTEER

Application



Your Details

FULL NAME

FULL ADDRESS

PHONE NUMBER

EMAIL

OCCUPATION

ETHNIC ORIGIN

I am interested in becoming a:

Main Contact Volunteer

Support Group Volunteer

Local Contact Volunteer

Media Volunteer

Student Ambassador

General Volunteer

Fundraiser for the charity

For more information on the above roles please take a look at our volunteer pack

Skills and Strengths (please tick all that apply)

Administration

Advertising/ Promotion

Arts and Crafts

Computing/ IT

Driver

Fundraising

Presenting/ Public Speaking

Other (please specify)

Writing/ Research

Media

Listening/ Counselling

Telephone Skills

Leadership

Events Management/ Planning

Human Resources

How did you hear about becoming a volunteer?

What interests you in volunteering for Fertility Network UK?

Do you have any skills or prior training that may help you within your volunteer role?

Availability - Please provide details below

References

Please provide details of two people who can act as a referee to support your application. All referees must be over 18 years of age, have known you for a minimum of two years and be able to make a sound assessment of your qualities. Family members may not provide references.

Referee 1

Full name
Address

Referee 2

Full name
Address

Tel No.

Email

Relationship to you

Tel No.

Email

Relationship to you

Health and Disability

The Disability Discrimination Act 1995 defines a person as disabled if they have a mental or physical impairment which has a substantial and long term adverse effect on one's ability to carry out normal day to day activities. Do you have any disabilities, support or health needs we should be aware of?

Yes

No

If yes, please give details. Where possible, we will ensure to make reasonable adjustments to assist you.

Criminal Convictions

As some volunteer roles are exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975, you must therefore supply information about any convictions. Do you have any convictions, cautions, final warnings or reprimands?

Yes

No

If yes, we will contact you for more information.

Data Protection

I allow Fertility Network UK to store my details in accordance with the latest Data Protection legislation for internal use only. Your personal information will be used only for the purposes it was collected and in relation to your volunteer application and role. Fertility Network would like to keep you up-to-date with details of news, events and activities using the contact details you have provided. Please indicate how you would like to receive information:

Phone

Email

Post

Declaration

I declare that the information provided on this form is current and accurate to the best of my knowledge.

Date

Signed

**Thank you for offering your help as a volunteer with Fertility Network.
We really do appreciate the time you give to support those affected by
fertility issues.**

When you have completed this form, save and email to emma@fertilitynetworkuk.org

or, print it and send to:

Fertility Network UK, 2nd Floor Office, Trafalgar Road, Greenwich, London

SE10 9EQ