

SICKLE CELL SOCIETY VOLUNTEER APPLICATION FORM

Any information given on this form is confidential and covered by General Data Protection

| Regulation 2018 | | |
|--|--------------------|---|
| Date Enquired: | | |
| Name | | Preferred Title Mr/Mrs/Miss/Ms/Dr |
| Tel. No. | | Mobile No. |
| Address: | | |
| | | |
| E-Mail: | | |
| Are you a member of the society? Yes \Box | | No 🗌 |
| Where did you hear about volu | unteering for the | e Sickle Cell Society? |
| | | |
| Projects which may interest you | | Your skills, experience & interests |
| (please tick) | | (List any specific skills & interests you have) |
| Raising awareness | | |
| Projects support | | |
| Events | | |
| Children's Holidays | | |
| Fundraising | | |
| Community Outreach | | |
| Information & Advice Line | | |
| Admin /Clerical/Office support | | |
| Other – Please Specify | | |
| Availability (What hours are you | | |
| Monday | Mornings / Afterno | pons Evenings |
| Tuesday | | |
| Wednesday Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |
| Approximately how much time would you like to give each week? Please indicate particular days or | | |
| times | | |
| | | |

| Why would you like to be a valuate an with the Cielde Call Casiety? | | |
|--|--|--|
| Why would you like to be a volunteer with the Sickle Cell Society? | | |
| | | |
| | | |
| Do you have any Criminal Convictions (other than minor driving offences)? Yes / No | | |
| | | |
| If yes, please state date and nature of conviction | | |
| | | |
| | | |
| Please provide two references and contacts (this could be an employer or someone from your | | |
| | | |
| college, or other education institution) | | |
| | | |
| | | |
| | | |
| | | |
| Diagon he sware that all valuateers will need to complete a DPS application | | |
| Please be aware that all volunteers will need to complete a DBS application. | | |
| Person to notify in case of an emergency | | |
| Name: | | |
| | | |
| Address: | | |
| | | |
| Phone number | | |
| | | |
| | | |
| Email | | |
| | | |
| Relationship | | |
| | | |
| | | |
| I certify that the details contained herein are a true and accurate record. | | |
| I certify that the details contained herein are a true and accurate record. | | |

Full name..... Date

Signed

Any information you have provided in this application form will be kept in the strictest of confidence.

Our mission is to campaign for better services, raise awareness and provide information for people with sickle cell disorder, sickle cell trait and their families.

Thank you for taking the time to complete this form. Please return to: info@sicklecellsociety.org **Or by post to: Sickle Cell Society, 54 Station Road, London NW10 4UA**