

Brain and Spine Foundation
Peer Support Volunteer Application Form

PERSONAL INFORMATION:

Name:
Address:
Postcode:
Date of Birth:
Phone:
Email address:

POSITION APPLIED FOR: NEURO SOCIAL UK WIDE

Region you would like to cover. Please choose one of the below:

UK Wide

TELL US ABOUT YOURSELF:

Please tell us how you heard about us and why you would like to volunteer for the Brain and Spine Foundation Please include any relevant experience and personal qualities or skills you would bring to the role. You can continue on a separate sheet of paper if you need to.

YOUR OWN EXPERIENCE

Please share your experience of living with a neurological condition

Are you currently employed / unemployed / retired / a student (circle as applicable)?

PLEASE INDICATE THE DAYS AND TIMES YOU ARE AVAILABLE:

REFERENCES:

Please provide the names and full contact details of two people who are not related to you and who have known you for a minimum of one year and who can comment on your suitability for this type of volunteer work. Applications submitted without the contact details of referees will not be processed.

Referee 1:

Name:
Address:
Email:
Phone:
Position held:

Referee 2:

Name:
Address:
Email:
Phone:
Position held:

HOW CAN WE CONTACT YOU?

We would love to keep you updated with news about our services, ways to get involved and fundraising activities. Please tick the appropriate boxes to receive communications in this format.

Monthly E-newsletter

Email

Phone

Post

The Brain and Spine Foundation will never sell your personal information to third parties, but we may need to share your details with suppliers who work on our behalf. See our Privacy Policy for more information on how we use and protect personal information. You can change your mind at any time by emailing info@brainandspine.org.uk

SUBMISSION:

Please submit this form for the attention of

Email:

Brain & Spine Foundation
Fourth Floor
Canopi
7-14 Great Dover Street
London
SE1 4YR

Phone: 0117 941 1123