

## VOLUNTEER APPLICATION FORM

### Section 1. Personal Details

|  |  |            |         |
|--|--|------------|---------|
| Title  |  | First Name | Surname |
| Phone Number   |  | Address    |         |
| Email  |  | Post Code  |         |
| Emergency Contact<br>(Name, Relationship to you, Contact number) |  |            |         |

|  |       |        |
|--|-------|--------|
| Please select which method(s) you would prefer for contacting you about your volunteer application – Please circle | Phone | Text   |
|  | Email | Letter |

### Section 2. Reason for Volunteering

| <b><i>Please tell us why you would like to volunteer for us (you can tick more than one box)</i></b> |  |   |  |
|--|--|---|--|
| To gain some work experience.  |  | I want to share my skills and experiences to help others.     |  |
| To keep myself busy.   |  | I am interested in meeting new people and making new friends. |  |
| To give something back after you and your family have benefited from our services.                   |  | I would rather volunteer than give a donation.                |  |
| To help me on my Lipoedema journey.  |  | I want to develop new skills.                                 |  |
| I believe in the Lipoedema cause.  |  | I want to make a difference.                                  |  |
| I want to make a difference to women living with Lipoedema.  |  | Something enjoyable to do with my time.                       |  |
| Other, please state below:   |  |   |  |
|  |  |   |  |

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| <i>Please tell us which roles you are interested in (you can tick more than one box)</i> | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| Fund raising events organising.  |            |           |
| Conference/ Event organising.  |            |           |
| Public Speaking at Educational/Awareness Events.   |            |           |
| Taking part in Research.   |            |           |
| Taking part in Media interviews.   |            |           |
| Becoming a representative for the charity for a specific region/ country in the UK.      |            |           |
| Administration -Answering emails, fulfilling online shop orders, leaflet requests.       |            |           |
| Copy writing, blogging, creating information sheets, copy for website, newsletters.      |            |           |
| Website Maintenance and SEO.   |            |           |
| Social Media Marketing on our channels. (Twitter, Instagram, Facebook, You tube).        |            |           |
| Photography /Graphic Design.   |            |           |
| Acting as Admin and Moderator on our Facebook Support Pages                              |            |           |

**Section 3. Work/ Volunteer Experience**

|   |
|---|
| Describe your relevant Volunteer /Work Experience:                                |
|   |
| List the skills/qualities that you will bring to the roles you are interested in: |
|   |



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What attracts you to volunteering for Talk Lipoedema?

### Section 4. Availability

Please tick the days and times that you are available to volunteer. This is to provide an indication, don't worry if you are not available at these times every week.

| Availability  | Mon | Tues | Wed | Thurs | Frid | Sat | Sun |
|---|-----|------|-----|-------|------|-----|-----|
| <b>Morning</b>  |     |      |     |       |      |     |     |
| <b>Afternoon</b>  |     |      |     |       |      |     |     |
| <b>Evening</b>  |     |      |     |       |      |     |     |
| Comments  |     |      |     |       |      |     |     |
| Are you able to give a commitment of at least 12 months ( Please circle)  |     |      |     |       |      | Yes | No  |
| If answer to the above is no please provide details of limits to your availability (e.g., if you are only able to volunteer in term time, educational holidays etc) |     |      |     |       |      |     |     |

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### Section 5. References, Confirmation Statements

Please provide us with the details of two people whom we may contact as referees, to comment on your suitability for volunteering. These can be friends or colleagues but not family members and must have known you for 6 months or more.

|   | Referee 1 | Referee 2 |
|---|-----------|-----------|
| Name                                      |           |           |
| Address                                   |           |           |
| Email                                     |           |           |
| Telephone                                 |           |           |
| What is your relationship to this person? |           |           |
| How long have you known this person?      |           |           |

### Rehabilitation of Offenders Act 1974

Do you have any unspent convictions?

(Please circle)

| No   | Yes |
|--|-----|
|  |     |
| <p>If yes please specify If you would like to talk about this before applying, please contact our Board member Nicola Meikle at <a href="mailto:nicolameikle@talklipoedema.org">nicolameikle@talklipoedema.org</a>. Please note that a conviction will not necessarily exclude you from volunteering with Talk Lipoedema SCO</p> |     |



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### Support Needs

Do you consider yourself to have a disability or support need which is relevant to your application? (Please circle)

| No   | Yes |
|--|-----|
| If yes is there anything we need to know about your disability or support needs in order to ensure you have equality of opportunity? |     |
| <br><br><br><br><br><br><br><br><br><br>   |     |

### Section 6. Declaration

I declare that the information given in this application is a true and complete statement. I understand that any offer of appointment and subsequent volunteering is subject to satisfactory references.

|  |  |
|--|--|
| Signature                                | Date                                     |
| <br><br><br><br><br><br><br><br><br><br> | <br><br><br><br><br><br><br><br><br><br> |

**Please return application form to**

[contact@talklipoedema.org](mailto:contact@talklipoedema.org) or

TalkLipoedema  
16 Milton Bridge  
Penicuik  
EH26 ORD