



Volunteer application form

Please email this form to sarah@ms-uk.org or send to Sarah Wright, MS-UK, D3 Knowledge Gateway, Nesfield Road, Colchester CO4 3ZL

Role applied for: Volunteer counsellor	How did you hear about volunteering with MS-UK?
Forename:	Surname:
Address:	Contact telephone: Email:
Please tell us why you want to become a volunteer counsellor with MS-UK	
What do you personally hope to gain from the experience of volunteering with MS-UK?	
Please can you provide details of your counselling qualifications?	
Please can you provide your BACP membership number?	
Please give examples of any additional skills, experience and/or qualities you feel you have relevant to this volunteer role	

What days/hours can you commit to volunteering as an MS-UK Counsellor?

For the MS-UK Counsellor role please can you confirm if you are able to commit to volunteer for a minimum of six months?

Yes/No

How would you describe yourself in three words

References

Please provide details of your current or most recent employer/education:

Name:

Employer/Education:

email: Telephone:

Please provide details for a character reference of someone you have known for over 5 years:

Name:

Email: Telephone:

Declaration

I confirm that the information I have provided on this form is true and accurate to the best of my knowledge.

Signed:

Date: