

**Join the Team!**

## **NEC UK Volunteer application form**

**Strictly confidential**

**PLEASE COMPLETE IN CAPITAL LETTERS**



**Title Mr/Mrs/Miss/Ms/Dr/Rev/Other .....**

**First name ..... Last name .....**

**Preferred name ..... Male ☐ Female ☐**

**Date of birth .... / .... / .....**

**Address .....**

**..... Postcode .....**

**Telephone (home) ..... Mobile .....**

**Email .....**

**In an emergency who would you like us to contact?**

**Name .....**

**Relationship .....**

**Contact number .....**

**Please indicate how you may like to help NEC UK. Let us know what areas you are interested in by ticking one or more of the boxes below.**

**Regional Team ☐ Social Media Support Team ☐ Trustee ☐**

**If you wish to help in a different way from those mentioned above, please tell us**

**.....**

**Please tell us about your connection with NEC**

**I am a Parent of a baby who has had NEC (and are 12 months post diagnosis) ☐**

**I am a Relative of a baby who has had NEC (and are 12 months post diagnosis) ☐**

**I am an Adult NEC Survivor ☐**

**I am a Friend of a family whose baby had NEC ☐**

**I have no personal association with NEC and would like to help ☐**

**I am a Professional who works with families affected by NEC ☐**

Please tell us about your skills and experience. Please tell us about any work and volunteering experience that you think would help decide the type of volunteering roles that are suitable for you. For example, do you use a computer, do you drive, are you good at organising, do you enjoy speaking to groups; are you working full-time or part-time, are you seeking employment, retired or in full or part-time education? You may continue on a separate sheet and enclose/attach a CV if you wish to do so.

.....

.....

.....

.....

.....

.....

.....

You can use this space to tell us about a NEC experience that you or your family have gone through and/ or what you wish to gain from volunteering for NEC UK.

.....

.....

.....

.....

.....

.....

.....

**How much time can you offer us?**

Short term ☐ Open-ended ☐ Other (please specify) ☐

Am Pm Eve: Monday ☐ ☐ ☐ Tuesday ☐ ☐ ☐ Wednesday ☐ ☐ ☐ Thursday ☐ ☐ ☐

Friday ☐ ☐ ☐ Saturday ☐ ☐ ☐ Sunday ☐ ☐ ☐

**Is there anything we need to know about your health? Do you require additional support or equipment? please tell us so that we can plan to meet your requirements.** .....

.....

.....

**Please provide two references from people who can comment on your experience and your suitability to volunteer with NEC UK.** Ideally these should be people you have worked for (either as a volunteer or as an employee) and neither should be a relative.

(1) Name .....

Address .....

..... Postcode .....

Email ..... Telephone .....

(2) Name .....

Address .....

..... Postcode .....

Email ..... Telephone .....

**All information will be held by NEC UK in a confidential manner and in accordance to NEC UK's GDPR policy and data protection laws.**

**Signature ..... Date .....**

**Thank you very much for your interest in joining the NEC UK Team.**

**Please return the completed application form to:**

**By Post:**

NEC UK Charity

PO BOX 380

Leeds

LS14 9GY

**By Email:** [info@necuk.org.uk](mailto:info@necuk.org.uk)

**NEC UK**

**Registered charity number 1181026**

**[www.necuk.org.uk](http://www.necuk.org.uk)**