



Volunteer Application Form

Thank you for your interest in becoming a volunteer with Encephalitis International. The information you provide in this form will be treated as confidential. If you need support completing this form, please contact +44(0)1653 692583 or email volunteer@encephalitis.info

Please indicate the volunteer role that you are interested in (the role profiles can be seen here encephalitis.info/volunteering - please choose one of the roles depending on your skills and interest):

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We recommend that you start with one role (the one that you feel more confident with). You can move to another role in the future by taking further training appropriate for that role.

Title: Mr/Mrs/Miss/Ms/Dr etc	
Forename(s):	
Surname:	
Preferred name to be called:	
Full address (with zip/post code):	
Email Address:	
Contact telephone number:	

Encephalitis International

32 Castlegate • Malton • North Yorkshire • YO17 7DT • United Kingdom • www.encephalitis.info
Support Team: T: +44(0)1653 699599 | e: support@encephalitis.info • Admin: T: +44(0)1653 692583 | e: admin@encephalitis.info



Encephalitis International is a registered charity and charitable company.
Registered Charity Number (England and Wales) 1087843 (Scotland) SC048210
Charitable Company Number (England and Wales) 04189027
Encephalitis International is a Named Fund member of the Chapel & York US Foundation, Inc.
The Chapel & York US Foundation, Inc. is a 501(c)(3) tax-exempt organization



Do you have use of a computer/tablet/mobile telephone with access to the internet?	
Are you in any kind of employment at the moment?	
Do you do any other volunteering at the moment?	

Details of your connection to encephalitis:

All volunteers are expected to be aware of their own health limitations and are urged not to exceed their physical and emotional capabilities.

If you have experienced encephalitis yourself, we generally ask for volunteers who did not have encephalitis in the last two years, but we are flexible depending on the circumstances. Please give us details about your experience of, or connection to, encephalitis (type diagnosed (if known), time of the illness, who has been affected, what impact it has had on you/any after-effects etc.):

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What skills do you think you can bring to Encephalitis International?

(e.g., work experience, languages spoken, volunteering experience, training etc.)

What do you hope to gain from volunteering?

Please confirm your availability to volunteer (e.g., specific days/times, or any restrictions):

How did you hear about Encephalitis International?

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Emergency Contact(s):

Name:

Relationship to you:

Contact telephone number:

References:

Please provide us with details of two references, one of which should be (where possible) your present employer or most recent employer, or someone who has known you for 2 or more years (neither should be a family relative):

1. Name of referee:

Relationship to you:

Email:

Telephone number:

2. Name of referee:

Relationship to you:

Email:

Telephone number:

Declaration and Consent

- I declare that the information given in this form is true and correct and I understand that any omissions or false statements may justify removal of my role as a volunteer with **Encephalitis International**.
- I give **Encephalitis International** permission to contact the referees I have provided and understand my volunteering with **Encephalitis International** is subject to these being satisfactory.

(The information provided by you will be processed in accordance with the Data Protection Act 2018 and may be held in paper files or on a computer system.)

Signature (typed signature will be accepted):

Date:

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