



## Application to volunteer

Tel 01529 469910 (office hours Monday to Friday 9am-3pm)

Email [office@gaincharity.org.uk](mailto:office@gaincharity.org.uk) Website [www.gaincharity.org.uk](http://www.gaincharity.org.uk)

Registered charity nos. 1154843 & SCO39900

Your details		
Name		Date of birth
Full address including postcode		
Email address		
Telephone nos.	A.	B.

A little bit about yourself	
You are <i>(delete one)</i>	<i>the patient / a family member</i>
Diagnosis	
Date of diagnosis	
Were you / was the patient ventilated and if so, for how long?	
Please tell us about any ongoing issues related to this condition	

*Although we receive occasional requests for one-to-one support, these are relatively few, and volunteers offering peer support may only be called upon very infrequently. There are however, lots of additional ways you can support the charity and people affected by these conditions, by raising awareness amongst health professionals, and by raising funds to help us deliver our services.*

What would you like to help with? Please indicate below all areas of volunteering that may interest you	
	Providing peer support to patients and their families (this could be by phone, Skype / Facetime, messaging or visiting)
	Raising funds (be as imaginative as you like with this one!)
	Raising awareness by putting our leaflets in hospitals, etc
	Speaking to organisations / medical students, etc
	Organising a local <i>gain2gether</i> in your area
<b>Other</b> Please use this space to enquire about a role not mentioned above or to tell us about a particular area of expertise	<i>E.g. Trustee, Medical Advisory Board, Charity Law, etc</i>

## IMPORTANT INFORMATION

Our volunteers must have access to the internet, as they are issued with a **GAIN email address for secure communications**. It would also be beneficial if we can contact you on a smartphone via WhatsApp, which is a secure, free, encrypted messaging service. The ability to communicate with patients via Skype or Facetime is helpful but not compulsory.

Please note, details of a third party CANNOT be communicated via your personal email address as this does not comply with the General Data Protection Regulation (GDPR)

### Do you have access to:

A smartphone (Apple or Android)	Yes / No
Internet	Yes / No
WhatsApp	Yes / No
Skype / Facetime / other (specify)	Yes / No

### Please provide the names of two referees who we may contact in support of this application and who have known you for at least 24 months (no family members)

Name *Relationship to you*

Address

Name *Relationship to you*

Address

### From time to time, we may request a DBS check for our volunteers Are you happy for us to do this? Yes / No

## GENERAL CONSENT

Here at GAIN we take your privacy seriously and will only use your personal information to administer your account and to provide the services you have requested from us.

GAIN would like to keep in touch with you about the vital work we do to help those affected by GBS, CIDP & the associated inflammatory neuropathies; our campaigns to raise funds and awareness, local & national gatherings, opportunities to support us or take part in trials and research as well as the products you can buy. We may contact you by post, but if you are happy to receive information in another format, please indicate all that apply:

Email  Telephone  Text message / SMS

By signing this form, you agree to act in accordance with GAIN volunteering, data protection and safeguarding policy

**Your signature**

**Date**

**Please return your completed form to;**

GAIN, Glennys Sanders House, Pride Parkway, Sleaford, Lincs, NG34 8GL

**or scan and email to;** office@gaincharity.org.uk