

Volunteer Application

Section A Your details			
Full name		Date of Birth	
Address		Telephone Daytime	
Postcode		Evening	
		Mobile	
Email address			
1. Have you suffered from GBS, CIDP or associated inflammatory neuropathy	YES / NO	If 'NO', what is your interest (i.e. parent, partner, medical professional, etc)	
Area of experience	Please state whether GBS (AIDP), CIDP, Miller Fisher, MADSAM, AMAN, MMN, Lewis Sumner, Paraproteinaemia (PDN), etc		
Date of diagnosis			
2. Were you in Intensive Care	YES / NO	If 'YES', for how long?	
Were you on a ventilator	YES / NO		
Did/do you require a wheelchair	YES / NO		
3. Do you have any ongoing issues with mobility or other residual effects?	YES / NO	Please specify	
Do you need a carer to accompany you outside the home	YES / NO		
How would you describe your level of recovery overall			

Section B Which role(s) are you interested in (see overleaf for a brief description)		
Role	Tick ↓	
Helpline		Do you have an answer machine / voicemail? YES/NO
Support Volunteer		How far are you prepared to travel?
Collection box co-ordinator		
Speaker		How far are you prepared to travel?
Fundraiser		

Why would you like to get involved with the charity?	
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Section C Volunteers must be a member of the charity
Membership is free. Members can choose to receive our quarterly publication either by email (free) or by post (£12 per annum UK or £20 per annum ROI).
You can request a form or you can subscribe online at www.gaincharity.org.uk

1. Helpline

Offering support, information and non-medical advice to patients and their families who call the Helpline.

Calls are diverted to your own telephone, so this role is also suitable for those with limited mobility. You should have good communication and listening skills and access to an answer machine / voicemail and email.

Commitment: Usually 1-2 days per month, taking an average of 2-4 calls per day

2. Support Volunteer

A support volunteer provides support to patients and their families either by:

a. Visiting patients and their families in hospital or at home, offering support, information and non-medical advice when it is most needed. Good communication and listening skills and a positive outlook are an advantage in this role. You should have access to email. Travel expenses may be reimbursed by the charity.

Commitment: Varies (average 2-3 visits per year)

b. Offering support by phone or email rather than face-to-face. Particularly suitable for those with limited mobility, and for those with experience of the less common variant illnesses (CIDP, MFS, Childhood GBS, etc), as this service allows us to deliver support regardless of the patient's location.

Commitment: Varies (expect 4-6 requests per year)

The roles outlined above are most suited to those with personal experience of GBS, CIDP or one of the variant illnesses, either as a patient or primary carer.

3. Fundraiser

Limited only by your own imagination!

Hold a raffle, tombola, sponsored walk (or swim, run, abseil, row, etc) summer ball, quiz or curry night, garden fete, concert, craft fair, bake sale, duck race, treasure hunt, Christmas fair, sports day.....

We can provide sponsor forms, collection boxes and even T-shirts, and can also help you advertise your event.

Commitment: As much or as little as you want (but be careful – you might get hooked!)

4. Collection box co-ordinator

We've all put our loose change in one of those boxes on the shop or bar counter. Could you give a little bit of time to organise placing a few of our boxes around your local area, and then collect and empty them every few months?

Commitment: 1-2 hours every few months

5. Speaker

Someone who might not be comfortable in a one-to-one situation might be just the sort to deliver our message to a wider audience. If you don't mind standing up in front of people, perhaps you could spread the word at clubs, associations and other gatherings.

Travel expenses may be reimbursed by the charity.

Commitment: As much or as little as you want

Section D Please complete if you are applying for Helpline or Support Volunteer roles		
Details of two referees who have known you for at least one year (e.g. colleague, neighbour, doctor, etc)		
Name	Name	
Address	Address	
Phone number	Phone number	
Do you have any criminal convictions, cautions, other legal restrictions or pending cases that might affect your suitability to be in contact with children or vulnerable adults (details below)		YES NO
<i>NB: We will request a Disclosure and Barring Service check where it is required and relevant to the position</i>		

All applicants - please sign and print your name below

Support Volunteer / Speaker applicants - please enclose a head and shoulders photograph for your GAIN ID card (or email to office@gaincharity.org.uk)

SIGNATURE..... PRINT NAME..... DATE.....

Please make sure you have completed all parts of this form and return it with photo if applicable to;
Guillain-Barré & Associated Inflammatory Neuropathies, Woodholme House, Heckington Business Park, Station Road, Heckington, Sleaford, Lincolnshire, NG34 9JH

Please phone **01529 469910** or email office@gaincharity.org.uk for help or advice in filling in this form
Registered Charity: 1154843 & SCO39900