

# NASS

## Application for Volunteers

Thank you for your interest in volunteering for NASS. Your knowledge and experience of AS will help us to help you and will help to form the direction of our work. It will also help you to help others.

Please complete all sections of the application form and return by email to [volunteering@nass.co.uk](mailto:volunteering@nass.co.uk) or by post to NASS, Unit 0.2, One Victoria Villas, Richmond Surrey TW9 2GW. We would be grateful if you can give us as much information as possible so we may match your skills and experience appropriately.

### Section 1: How would you like to help NASS?

Please place an X beside the areas you would be most interested in volunteering for:

	<b>Awareness Raising:</b> Manning a stand at patient information days and disease awareness events or running a stall at a local event.
	<b>Focus Groups:</b> Participating in group discussions to share ideas on specific topics to determine the direction of our work.
	<b>Patient to patient email and telephone support:</b> Communicating, mostly by email, with people in a similar situation or on specific topics relevant to your own experience from the comfort of your own home.
	<b>Research:</b> Participation in medical research such as new treatments or discussion groups on existing treatments.
	<b>Speaking Out:</b> Attending patient meetings at local or national level, being interviewed for articles for both NASS publications and resources or external media activity.
	<b>Volunteering in the NASS head office:</b> Helping out with administrative tasks.

### Section 2: Personal Information

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Postcode:</b>
<b>Tel No (day):</b>	<b>Tel No (evening):</b>
<b>Mobile Tel No:</b>	<b>Email:</b>
<b>Please detail any restrictions on daytime calls or email contact:</b>	
<b>Emergency contact name:</b>	<b>Relationship:</b>
<b>Tel No (day):</b>	<b>Tel No (evening):</b>

...../2

# NASS VOLUNTEER APPLICATION FORM

-2-

<b>Do you have AS? YES / NO</b> (please delete as appropriate)		
<b>How long have you had AS?</b>		
<b>When did the symptoms start?</b>		
<b>When were you diagnosed?</b>		
<b>AS is a spectrum disease ranging from mild effects to very severe ones. Where do you think you fall in the spectrum:</b>		
Mild	Moderate	Severe
<b>Do you have any other long term conditions particularly those associated with AS such as IBD, psoriasis or iritis?</b> If yes, mark with X where appropriate.		
	Irritable Bowel Disease	
	Iritis	
	Psoriasis	
	Other - Please specify:	

<b>Are you taking medication for AS? YES / NO</b> (please delete as appropriate) <b>If yes, which?</b>
<b>NSAIDs:</b>
<b>Anti TNF:</b>
<b>Other:</b>

<b>Have you had surgery as a result of your AS e.g. hip operation? YES / NO</b> (please delete as appropriate)
<b>If yes, what kind?</b>

<b>Do you use a complementary therapy on a regular basis? YES / NO</b> (please delete as appropriate) e.g. acupuncture, Pilates, glucosamine, rosehip tea
<b>If yes which?</b>
<b>Do you think it is effective?</b>

<b>Do you attend a NASS branch? YES / NO</b> (please delete as appropriate)
<b>If yes, which Branch:</b>

<b>Do you work? YES / NO</b> (please delete as appropriate)
<b>If yes, what is your occupation?</b>
<b>Does your AS affect your ability to work?</b>

...../3

**THE NATIONAL ANKYLOSING SPONDYLITIS SOCIETY**

Unit 0.2 • One Victoria Villas • Richmond • Surrey • TW9 2GW

Tel: 020 8948 9117 • Fax: 020 8940 7736 • Website: [www.nass.co.uk](http://www.nass.co.uk) • email: [nass@nass.co.uk](mailto:nass@nass.co.uk) • Reg. Charity No. 272258

# NASS VOLUNTEER APPLICATION FORM

-3-

<b>Are you retired?</b> YES / NO (please delete as appropriate)
<b>If yes, what was your occupation?</b>
<b>Did your AS affect your ability to work?</b>

## Section 3: Questions relating to specific volunteering roles

<b>Patient to patient email and telephone support</b>	
<b>Do you have your own PC and access to the internet?</b> YES/NO	
<small>Mark with X where appropriate</small>	<b>What topics would be most interested in speaking to other people about?</b>
	Early diagnosis
	Anti TNF
	AS & Pregnancy
	Surgery & AS
	AS & other conditions. Which condition?
	Other. Please specify?
<b>Patient Research</b>	
	Would you be willing to talk about your experiences with specific medication? If so, which one?
<b>Speaking Out</b>	
	Would be willing to be interviewed for a NASS podcast for the NASS website?
	Would you be willing to be interviewed for NASS publications?
	Would you be willing to be interviewed for newspapers or magazines external to NASS?
	Would you be willing to participate in a live radio interview?
	Would you be willing to participate in a pre-recorded radio interview?
	Would you be willing to participate in a live TV interview?
	Would you be willing to participate in a pre-recorded TV interview?
	Would you be willing to appear at a PR event on behalf of NASS?
	Would be willing to appear in a photo shoot for NASS?

...../4

# NASS VOLUNTEER APPLICATION FORM

-4-

At what times are you available for volunteering? Mark with X where appropriate	
	Flexible
	Weekdays
	Weekends
	Daytime
	Evenings
	Other (please explain)

Have you volunteered for any other charity before? YES / NO (please delete as appropriate)
<b>If yes, please give details:</b>

## Section 4: References

It is possible that in your voluntary work with NASS you may come into contact with vulnerable people. We will need, therefore, to take up two references. One reference will need to be from your GP or Rheumatology Consultant or Nurse and one from another individual who is not a family member.

<b>Medical Referee</b> Name: Position/Job Title: Organisation: Address: Postcode: Tel No: Email Address:
<b>Personal Referee</b> Name: Relationship to Volunteer: Address: Postcode: Tel No: Email Address:

...../5

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**Section 5: Confidentiality**

I understand that anything I hear or learn regarding individuals during my volunteer work with NASS must be kept in the strictest of confidence. I accept that a breach of this confidentiality may result in a termination of my volunteering with NASS.

Signature/Name:

Date:

**Thank you**

Thank you for completing the Volunteering Application Form. As soon as we have received and processed your information we will be in touch to let you know how we will be proceeding with your application. Should your personal circumstances change please let us know.

**Data Protection**

NASS takes data protection very seriously. Under the terms of the Data Protection Act 1998 the information that you provide us in this application form will be used for internal purposes in matching you to the volunteering opportunities that you have selected. The information will be kept securely for the duration that you choose to volunteer for NASS. Any contact arising from the information provided in this application form will be undertaken by an authorised member of staff. Your information will not be passed on to any other organizations or third parties without first seeking your permission.

**Please note:** When using standard email communications, such as email links and email forms, the information is not secure while in transit. If you are at all concerned please download the form to complete and return by post to: NASS, Unit 0.2, One Victoria Villas, Richmond Surrey TW9 2GW.

**FOR OFFICE USE ONLY**

**Please use this space to record any additional information or notes including any volunteering activity undertaken by the applicant to date.**

# NASS

## Equal Opportunities Monitoring Form

The National Ankylosing Spondylitis Society operates a policy of equal opportunity and fair treatment in employment. It is committed to opposing discrimination on the grounds of gender, colour, disability, marital status, religious belief, sexual orientation, race, ethnic or national origins, health status and age.

To assist us in monitoring our policy, and for this reason only, please would you complete this form and return it to: NASS, Unit 0.2, One Victoria Villas, Richmond Surrey TW9 2GW. All information given will be kept confidential.

Please mark with an X in the relevant boxes:

<b>Age</b>					
<input type="checkbox"/>	0-18	<input type="checkbox"/>	19-25	<input type="checkbox"/>	26-35
<input type="checkbox"/>	36-45	<input type="checkbox"/>	46-55	<input type="checkbox"/>	56-65
<input type="checkbox"/>	Over 65				
<b>Gender</b>					
<input type="checkbox"/>	Female	<input type="checkbox"/>	Male		
<b>Do you have AS?</b>					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<b>Are you a carer of someone with AS?</b>					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<b>How would you describe your ethnic origin?</b>					
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black – African	<input type="checkbox"/>	Black Caribbean
<input type="checkbox"/>	Black – other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White
<b>The Disability Discrimination Act 1995 defines a disabled person as a person with a physical or mental impairment that has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.</b>					
<b>Do you consider that you have a disability, as defined above?</b>					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Thank you for completing this form.