**Please return to volunteer@beateatingdisorders.org.uk**

**Admin Volunteer Application Form**

**About You**

|  |  |
| --- | --- |
| First Name |  |
|  |  |  |
| Last Name |  |
|  |  |  |
| Email Address |  |
|  |  |  |
| Phone Number |  |
|  |  |  |
| Address |  |
|  |  |  |
| Postcode |  |
|  |  |  |

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| --- |
| **Why are you interested in volunteering in this role?** |
|  |

|  |
| --- |
| **Please give details on how your skills and experience match the requirements of the volunteer role description**Please take each of the points on the person specification (see role description) and, using each as a sub-heading in the application form, demonstrate how they meet the requirements of the role. |
|  |

**With reference to the Volunteer Role Description, please indicate your availability.**

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**Volunteers’ wellbeing is really important to us.**

We ask that all volunteers with personal experience of an eating disorder have been in a stable recovery and have not engaged in any eating disorder behaviours for at least a year. If you received treatment for your eating disorder we ask that you were discharged from eating disorder services over a year ago.

**Have you ever personally experienced and eating disorder?**

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**How many years have you been in recovery or recovered for?**

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| --- |
|  |

**Please briefly detail your experiences of having an eating disorder an recovering.**

|  |
| --- |
|  |

**Please can you provide us with two references who can comment on your suitability for the volunteer role?**

**Reference 1:**

|  |  |
| --- | --- |
| Full Name |  |
|  |  |  |
| Email Address |  |
|  |  |  |
| Phone Number |  |
|  |  |  |
| Relation to you*i.e. Boss, friend*  |  |
|  |  |
| How long has this person known you  |  |

**Reference 2:**

|  |  |
| --- | --- |
| Full Name |  |
|  |  |  |
| Email Address |  |
|  |  |  |
| Phone Number |  |
|  |  |  |
| Relation to you*i.e. Boss, friend*  |  |
|  |  |
| How long has this person known you  |  |

Thank You.

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