

**Swan Womens Centre Volunteer Application Form**

If you have any questions about this form please don’t hesitate to contact us.

We ask volunteers to commit to spending 12 months with us, if possible.

|  |
| --- |
| **1. Personal Information** |
| Title (Mr/Mrs/Dr etc.) |
| Last Name: |
| First Names: |
| Date of Birth: |
| Home Address: |
| Contact Details | Home Tel: |
| Work Tel: |
| Mobile: |
| Email: |
| Emergency Contact  | Name: Phone No: |
| May we keep your application for 12 months after the date of submission? **Yes** [ ]  **No** [ ] **2. Volunteering at Swan Womens Centre** |
| What area(s) of voluntary work are you interested in/applying for? (*click on chosen tick box*)

|  |  |
| --- | --- |
| [ ] Administration [ ]  Befriending [ ]  Counseling [ ]  Deliver activities, leisure, crafts [ ]  Fundraising | [ ]  Reception [ ]  Social Media[ ]  Support[ ]  Website support [ ]  Gardening Group Work  |
| [ ]  Other (Please state)  |

 |
| Please give your reasons for wanting to volunteer at Swan Womens Centre |
| How did you hear about Swan Womens Centre? (*click on chosen tick box*)[ ]  Word of Mouth[ ]  You have accessed services[ ]  An advert for volunteer role – where did you see the advert?:……………………………….[ ]  On Swan Womens Centre website[ ]  A friend/relative volunteers at Swan Womens Centre[ ]  Social Media[ ]  Other: Please give details |
| Do you have any additional support needs/require reasonable adjustments to undertake a volunteering role or for any training required? (*click on chosen tick box*)**Yes** [ ]  **No** [ ] Details (this can be discussed at interview/induction stage if preferred) |
| **3. Interests and Experience** |
| Please give an outline of relevant present or past experience, including other voluntary work you have undertaken. Please use separate sheet if required: |
| Please give an outline of your experience, skills, education or training in relation to the role you are interested in (please note that most roles at Swan Womens Centre may require literacy, numeracy and IT skills). |
| Do you have any hobbies or interests that may be helpful in your role as a volunteer? |
| **3. Availability** |
| When and how often are you available to volunteer? (*click on chosen tick box*)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | am | pm | Eve (5-8pm) |  |
| Monday | [ ]  | [ ]  | [ ]  | am, pm &eve available |
| Tuesday | [ ]  | [ ]  | [ ]  | am, pm & eve available |
| Wednesday | [ ]  | [ ]  | [ ]  | Am, pm &eve available |
| Thursday | [ ]  | [ ]  | [ ]  | am & pm available |
| Friday | [ ]  | [ ]  | [ ]  | am & pm available |

 |
| References – Please give the **name, address and email** of two people who could be contacted by us to give a reference. The referees should include a previous employer if you have one but it can be from somewhere else you have volunteered or from someone who has known you well for at least 2 years (not a relative). **1: Name:**  Email:  Postal Address: Relationship to you: **2. Name:**   Email:  Postal address: Relationship to you:   |
| We may ask for a DBS check to be done for some roles, this will show any convictions and potentially cautions you have. Is there anything you would like to tell us in advance if we need to request a check? (*click on chosen tick box*)**Yes** [ ]  **No** [ ]  Details: |

**Personal Data**

SWAN holds personal data about you as part of our personnel records, and may need to use such information in the course of carrying out its business. Do we have your consent to hold this data including sensitive data, under the terms of the Data Protection Act 1998.

Yes [ ]  No [ ]  Signed ………………………………………….

**Equal Opportunities Policy**

SWAN operates a policy of equal opportunity for all, regardless of race, sexuality, marital status, dependents, age, class, religion, disability or offending background, where this does not create a risk to others. This provision will be reflected in all aspects of the work of this organisation.

**If a Volunteer Placement is offered**

**Volunteer Agreement Declaration**

I understand that there is no intention to create a legally binding relationship between the volunteer and SWAN.

This agreement is not intended to be a legally binding contract between us.

I have received and agree to abide by the Volunteer Policy and Codes of practice.

I understand and agree to follow all SWAN instructions, health and safety procedures, confidentiality and codes of best practice.

I understand that SWAN will pay out of pocket expenses **only** upon production of receipts.

**Car insurance**

Please note if you use your car in your volunteering role you are required to inform your insurance company as it may affect any claim you make if you do not declare this. We require a copy of your current car insurance company confirming that you have comprehensive cover if you carry any passengers during your volunteering role.

**Please note: Swan Womens Centre reserve the right not to take up the offer of a potential volunteer.**

**A DBS check may be required for volunteers at Swan Womens Centre.**

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by Swan Womens Centre Staff only**

**Approved Volunteer Application**

Volunteer Role:

Line Manager:

Start Date:

**Days/Hours of Volunteering:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **am** | **pm** | **Eve (5-8pm)** |
| **Monday** | [ ]  | [ ]  | [ ]  |
| **Tuesday** | [ ]  | [ ]  | [ ]  |
| **Wednesday** | [ ]  | [ ]  | [ ]  |
| **Thursday** | [ ]  | [ ]  | [ ]  |
| **Friday** | [ ]  | [ ]  | [ ]  |

Any Adjustments Required: **Yes** [ ]  **No** [ ]

Details:

(*click on chosen tick box*)

Risk Assessment Carried Out: **Yes** [ ]  **No** [ ]

Volunteer Induction Carried Out: **Yes** [ ]  **No** [ ]

Volunteer Policy & Induction Pack Provided: **Yes** [ ]  **No** [ ]

Access to Health and Safety Handbook Provided: **Yes** [ ]  **No** [ ]

Out of Pocket Expenses explained: **Yes** [ ]  **No** [ ]

DBS check required **Yes** [ ]  **No** [ ]  Date sent for………………….. Returned…………………..

References check: **Yes** [ ]  **No** [ ]  Dates sent for………………….Returned…………………...

If Driving is required as part of the volunteer role a copy of Insurance showing business use/MOT/ Driving License is required.

Signed by SWAN: Print Name:……………………………….. Signature ………………………

Date: / /