

swaca

166 Knowsley Road, Bootle, Liverpool L20 4NR

Tel: 0151 922 8606

www.swaca.com

Volunteer APPLICATION FORM

Name:	
Address: <i>including postcode</i>	
Telephone No:	Is it safe to leave a message on this number YES/NO
Email Address:	

Please indicate the type of voluntary work that you would be interested in undertaking with SWACA?

Working with Women	<input type="checkbox"/>	Charity Shop	<input type="checkbox"/>	Office/Admin	<input type="checkbox"/>
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Do you have particular skills or experiences that would benefit SWACA?

Do you have skills that your would like to develop?

Please expand on reasons you would like to volunteer, why you chose SWACA and what you think the main issues are for families living with or affected by Domestic Abuse.

Employment

Present or most recent employer's name:	
Address:	
Date employed from:	To:
Please give a brief description of the duties and responsibilities:	

Relevant Qualifications & Training *(including languages)*

Description of course undertaken, relevant education and other qualifications obtained:

	<u>Date</u>
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Can you speak or write any languages other than English?

Voluntary Experience

Have you ever volunteered for an organisation before? Yes No If yes, please give details below.

Organisation	Volunteer Role/Duties	Dates

References

Please give the names and addresses of two people who you have known for a minimum of 2 years, **who are not family members.** *(We will contact your referees on receipt of your application)*

Name		Name	
Address		Address	
Relationship		Relationship	

Equal Opportunity

To help us with our Equal Opportunities Monitoring to ensure we are delivering a service to the whole community, we would be grateful if you could take the time to fill in the following:

- Gender: Male Female
Age: under 18 If yes how old
 18 – 25
 26 – 59
 over 60

Confidentiality

Volunteers are reminded that any confidences they may come across in the course of their work, should be kept, however insignificant they may seem.

In Addition

Have you ever been convicted of a criminal offence (spent convictions as defined by the Rehabilitation of Offenders Act 1974 excluded). Yes No If Yes give details below.

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It will be necessary to carry out an enhanced DBS Disclosure on all potential volunteers. This will not be done without your consent.

Declaration

The information I have given in this application is, to the best of my belief, accurate.

Signed:		Date:	
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