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| **Important Please Note**: Swansea Women’s Aid invests heavily in training our volunteers as we need to provide consistent support for service users at all times. For this reason, we require a minimum commitment from our volunteers of **once a month** for **one year. Please only continue with this registration if you are able to make this commitment.** |
| Name, address and telephone number |
| I confirm that I am aged 20 or over \_\_\_ (please tick/type Y) |
| Please tell us how you know about us or Women's Aid generally and why you would like to volunteer with us? |
| Volunteering for the SWAN project is a challenging role requiring vigilance, resilience and compassion. What qualities and skills do you think you possess to carry out the role? |
| The SWAN project supports some of the most marginalised women in society so a non-judgemental approach and clear boundaries are essential. What is your understanding of these issues?  |
| Do you meet **all** of the criteria specified on the volunteering advert? (See attached) Please give brief details.  |
| Do you have any professional qualifications that you feel are relevant to the work of the SWAN project. Please give brief details. |
| Before volunteering commences you will receive extensive training to ensure that you are prepared for the role. This training will take place across three sessions usually held on three weekday evenings.**The next training is scheduled for: TO BE CONFIRMED**It is vital that **all** **three** sessions are attended by all volunteers as completion of training is mandatory before beginning the role.  |
| If you do not meet the SWAN Project volunteer criteria, we may be able to place you on another SWA project. Please tick/type Y below as applicable.I am happy to be contacted about other volunteer opportunities at SWA \_\_\_I am only interested in volunteering with the SWAN project \_\_\_ |
| Are there any other issues you think we need to know about in order to become a SWAN volunteer e.g. any restrictions on your time, any health issues that would affect the type of work you could undertake, regular/emergency medication that we need to know about, etc. |
| Do you know anyone who is a member of the organisation, if so, in what capacity is the relationship? |
| Please give the name, address and email address of two people as references. Please note, these are character references and need not necessarily be people you have worked with. |
| Reference 1: (Name, address & email address) | Reference 2: (Name, address & email address) |
| I declare that all the information provided on this form is honest and accurateSignature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Many thanks for completing the form. Please return it to volunteering@swanseawa.org.uk. We will be in touch shortly to arrange an informal discussion with you. |
| For official use – Interview notes/relating issues/decisionSignatures of staff and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |