

VOLUNTEER EXPRESSION OF INTEREST FORM

Thank you for your interest in being a volunteer with Women's Aid. Please complete the details below. We may require more information than you expected to give. Most Women's Aid volunteers will be in contact with people who may be vulnerable and confused and our selection procedures reflect the need to protect them and to protect our volunteers.

Name.....Miss/Mrs/Ms/other.....

Address.....

.....

Postcode..... Email

Telephone No.....

Date of Birth.....

Can you drive? Yes / No

Have you access to a car? Yes / No

Below are a list of areas that you may consider helping in. Please tick the following areas, of particular interest to you.

Working with children		Management Committee	
Working with women		Aftercare/Outreach	
Fundraising		Administration	
Training and Awareness		Information and Advice	
Court Support			

Please indicate any other ways in which you might help Women's Aid

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Please tell us why you would like to volunteer for Women's Aid?

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Have you any previous experience of voluntary work?

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Do you have any particular skills you would bring to your voluntary work? For example, arts/crafts/cooking/music etc

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How did you hear about us?

Newspaper

Service user

Leaflet

Friend

Poster

Other (Please state)

DISCLOSURE OF CONVICTIONS (Rehabilitation of Offenders Act 1974)

Because of the nature of the voluntary work for which you are applying, you must provide information about convictions, including those that would otherwise be considered as spent. Previous convictions **will not prevent full consideration of your application**. An Access check will be carried out when your application has been processed.

Have you ever been convicted of a criminal offence? Yes / No

If **YES**, details including type of offence, date, sentence, fine etc. are required from you and should be included in a **separate sealed envelope**. **THIS INFORMATION WILL ONLY BE DISCLOSED TO THOSE INVOLVED IN THE SELECTION PROCESS.**

REFEREES

Please give the names and addresses of two people willing to act as referees (these should not be relatives). If possible, one of these should be your current or previous employer.

Name:

Name:

Address:

Address:

.....

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.....

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Post Code:.....

Post Code:.....

Tel. No.

Tel. No.

Relationship:.....

Relationship:.....

Email (if known).....

Email (if known).....

Declaration: To the best of my knowledge, the information I have given on this form is correct and complete. I understand that it may be kept on a computer data file and that it will not be divulged to any other organisation. I understand that any information which is later discovered to be incorrect may result in me no longer being able to work with Women's Aid.

Signed Date.....

Thank you for completing this form

Please return to: Omagh Women's Aid, 9 Holmview Terrace, Omagh, BT79 0AH or info@omaghwomensaid.org

