



Solace Women's Aid is an independent charity providing a range of refuge, support and holistic services for women and children enabling them to live their lives free from domestic abuse

Volunteer Application Form

Please complete form in black ink and return to the **Volunteer Coordinator** at **6 - 9 Manor Gardens, London N7 6LA** or ring for more details on 020 7272 1279
Email:- t.firth@solacewomensaid.org or for more information on Solace Women's Aid visit www.solacewomensaid.org

Family name/surname: -----

Forename(s)/given name(s): -----

Address: -----

----- Postcode: -----

Telephone – Home: ----- Mobile: -----

Email: -----

What is your preferred form of communication? (Please mark with x)

Post		Email		Phone	
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YOUR PAID WORK OR VOLUNTARY WORK EXPERIENCE

(Please give details of your present or last position)

Employer/Organisation: -----

Address: -----

From: (month, year) -----To: (month, year) -----

Summary of key responsibilities: -----

YOUR EXPERIENCE, SKILLS AND KNOWLEDGE

Please give brief details of any other relevant work experience (paid or unpaid), skills, personal qualities and qualifications giving details of your experience, skills and knowledge you could use whilst volunteering for Solace Women's Aid

LANGUAGES

Other than English, please state any other languages you speak

YOUR PRESENT POSITION

Please give brief details of work, training or activities you are involved in at present:

PERSONAL STATEMENT

Why would you like to volunteer within Domestic Violence services?

Volunteering Interests

Please indicate which service you would be interested in volunteering at:-

(Please mark with an x as many as you like)

Advice Service		Administration Department	
Advocacy (Islington only)		Board of Trustees <small>(see website for details & appropriate application form)</small>	<input checked="" type="checkbox"/>
Children's Services		Counselling Service <small>(see website for details & appropriate application form)</small>	<input checked="" type="checkbox"/>
Family Support and Parallel		Floating Support Service	
Finance Department		Legal Services	
Life Skills Service		Parenting Service	
Refuge Services			

Area of Volunteering

Please indicate which area you would be interested in volunteering in:-

(Please mark with an x as many as you like)

Camden		Islington	
Enfield		Lambeth	

Availability

(Please mark with an x times/days of the week you would be available)

	Mon	Tues	Wed	Thurs	Fri
AM					
PM					

Do you have a current driving licence?	Yes/No	If yes, would you be willing to drive the SWA minibus?	Yes/No
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Do you have any medical conditions or disabilities that could affect your role as a volunteer? A disability or health problem will not prevent full consideration of your application. We can discuss any access needs you may have at the interview stage

Yes/No If YES please give details:

We recognise and welcome our responsibility to remove any barriers for disabled people. We are committed to making reasonable adjustments wherever possible and it would be helpful to know your needs in order for us to do this.

Declaration of Criminal Record

Have you ever been convicted of a criminal offence, cautioned or given a bind over?

Yes/No

If yes, please give details:

Date	Offence	Sentence

Rehabilitation of Offenders Act 1974 - Volunteering with Solace Women’s Aid involves contact with vulnerable children, young people and adults, therefore all spent offences must be disclosed.

REFEREES

References will be taken up once an offer for a volunteer role has been made and verbally accepted. Please give TWO referees and indicate in what capacity they are known to you. At least one should be from **EITHER** a professional (previous job or voluntary work) **OR** from education i.e. school, college etc.
Please do not use referees who are related to you.

Name:.....	Name:.....
Organisation:	Organisation:
Address:	Address:
.....
Telephone no:.....	Telephone no:.....
Email Address:	Email Address:
Relationship:	Relationship:

In accordance with the Data Protection Act 1998 I give my consent for the information contained in this form to be processed in accordance with Solace Women’s Aid volunteer policy for the purposes of recruitment. I understand that if offered the volunteer placement, this application form will be held by Personnel for the duration of my volunteer placement and destroyed in line with the Solace Women’s Aids Data Protection Policy.

The information given is correct to the best of my knowledge. I understand that because of the sensitive nature of volunteer duties a CRB (Criminal Records Bureau) check will be required.

Signature: _____ Date: _____

EQUAL OPPORTUNITIES SWA VOLUNTEER SERVICE - MONITORING FORM

The information requested is confidential and anonymous and will be used purely for monitoring purposes. It will not be used as part of the selection or recruitment procedure.

The form will be separated on receipt of your application. The recruitment panel will not see this form. Do not put your name on this form.

If you do not wish to answer any of the questions, please leave the space blank.

Which Solace Women's Aid service(s) are you interested in Volunteering for:				
<u>ETHNIC ORIGIN</u>				
The object of ethnic monitoring is to ensure that racial discrimination does not take place. Ethnic origin refers to members of an ethnic group who share the same cultural identity. This does not mean country of birth or nationality.				
I would describe my ethnic origin as (Please mark with an x):				
Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black British
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	East African
Indian	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Middle East
Other African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Somali
Vietnamese	<input type="checkbox"/>	White British	<input type="checkbox"/>	Other
<u>SEXUALITY</u>				
I would describe my sexuality as (Please mark with an x):				
Bisexual	<input type="checkbox"/>	Heterosexual (Straight)	<input type="checkbox"/>	Lesbian
Unsure	<input type="checkbox"/>	Prefer not to say		<input type="checkbox"/>
<u>CARING RESPONSIBILITIES</u>				
In the past people, (particularly women), who are responsible for the care of children, elderly relatives or others have been discriminated against in applications. Do you have major responsibility for the care of any dependants?				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Prefer not to say
<u>DISABILITY</u>				
A disability or health problem does not preclude full consideration for a voluntary position within Solace Women's Aid. Do you consider yourself to have a disability?				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Prefer not to say
<u>PERSONAL EXPERIENCE</u>				
Have you personally been affected, as an adult, by Domestic Violence?				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Prefer not to say
Have you personally been affected, as a child, by Domestic Violence?				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Prefer not to say
Have you ever accessed a Domestic Violence Service?				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Prefer not to say
<u>WHERE DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY?</u>				
SWA wishes to make sure that all opportunities are advertised as widely as possible. Could you please say how you heard about volunteering at Solace?				

Thank you very much for your co-operation in completing this form