**Heritage Project: A History of Women’s Aid in Scotland**

**Volunteer Information Form**

Please complete and return it to us **by 4pm on 28th March 2016** either by email: [sarah.browne@scottishwomensaid.org.uk](mailto:sarah.browne@scottishwomensaid.org.uk) or post it to the following address:

Sarah Browne

Scottish Women’s Aid

2nd Floor

132 Rose Street

Edinburgh

EH2 3JD

**Data Protection Act 1998:** We are required by law to obtain your consent to use your personal contact details (name, address, telephone number, email address).

* Do you agree to us holding your contact details for the purpose of keeping you informed about the project? **Yes** or **No (please circle)**

**Personal Details – all information you give will be treated as confidential.**

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| --- | --- |
| First name: | Surname: |
| Gender: | |
| Address:  Post Code: | |
| Telephone: | Mobile: |
| Email address: | |
| How would you prefer to be contacted? Telephone □ Mobile □ Email □ | |

**Please indicate which voluntary role/roles (Oral history interviewer/Filmmaker/Exhibition Assistant) you are interested in:**

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**Please tell us why you are interested in volunteering for this project:**

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**Please tell us what you are good at. What type of activities do you enjoy most?:**

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Please tell us about any **jobs or voluntary work** you have done or are doing either in the **UK or another country**, and what kind of work you were doing.

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**What do you hope to gain from volunteering for this project?**

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**How often can you volunteer?**

Please tell us when and what times you are available to volunteer, how many hours a week, and if you have any commitments, e.g. caring, attending a course, working.

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**How can we make it easier for you to volunteer for this project?**

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**Please list any medical conditions or special needs we should know about.**

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**Please tell us the name and address of two persons we can contact for a reference.**

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| Name: Telephone No:  Address: E-Mail:  How they know you: |

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| --- |
| Name: Telephone No:  Address: E-Mail:  How they know you: |

**Your Signature:** ………………………………………………………… **Date:** …………………

*Thank you for your interest in volunteering for this project*

**What happens now?**

We will keep this form on file for up to 12 months. If after 12 months we have not been able to offer you any volunteering activities, we will shred it.

You will never be under any obligation to volunteer for SWA, but we will ask that you complete the activities that you agreed to do, or at least let us know as soon as possible if you are unable to complete them.

If you have any further questions about volunteering for this project, please contact Sarah Browne – sarah.browne@scottishwomensaid.org.uk