

Skills Bank Application Form

For assistance through voluntary professional or business skills, for a project of less than 20 hours.

Your Organisation

Name of Organisation:

Address:

Telephone No:

Email:

Contact Name:

Role in
Organisation:

Please describe very briefly what your organisation does. (Indicate whether you are linked to a national organisation.) Please attach any relevant leaflets or brochures.

Is your organisation a:
registered charity ; non-profit organisation ; community enterprise ?

Your Project

What professional or business skill does your organisation need help with?

Briefly outline the piece of work/project for which you are seeking skill help.
Please include the desired outcome.

Are there any key dates which need to be met?

Will this Skills Bank project need to be completed at your premises?

Does work on the project need to be undertaken at any particular time of day?

Does your organisation have public liability insurance? Yes No

Do you give consent for any media involvement with this volunteering project? Yes No

Is there anything else we need to consider when finding you a volunteer?

Signed on behalf of organisation:

Date:

Please ensure that your organisation's management has agreed to this application for assistance before you submit it.

Details of your application for assistance will be passed to members of Involve Swindon. Any member who is interested in offering you assistance with this project will contact you directly.

You should agree with the volunteer the scope and timescale of the project before the volunteer starts.

Please be aware that we do not take out references or do any other vetting of volunteers who approach us.

Please contact Volunteer Centre Swindon for further advice.

Please return the completed application to:

**involve@swindonvolunteers.org.uk
Volunteer Centre Swindon
1 John Street
Swindon. SN1 1RT
01793 420557**

Swindon Skills Bank is part of Involve Swindon – helping employees volunteer.