



Swindon Skills Bank Application for Assistance

Your Organisation

Name:

Address:

Telephone No:

Email:

Contact Name:

**Position in
Organisation:**

Please tell us about what your organisation does. Indicate whether you are linked to a national organisation. Please enclose any relevant leaflets or brochures.

What geographic area does your organisation serve?

Your Project

Outline the piece of work/project for which you are seeking skill help.

Please provide as much detail as possible (attach further information if necessary), including the required outcome.



How will this Skills Bank project benefit your organisation?

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 times of the day?

Are there any other sensitivities which we need to consider when finding a volunteer?

Signed on behalf of organisation :

Date:

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

Swindon Skills Bank is part of *Swindon Employees in the Community Network*.

Details of your application for assistance will be passed to members of the Network (a full list of members is available on request).

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 timescales of the project before the volunteer starts.

Please contact Volunteer Centre Swindon for further advice.

Please return this completed application to:

**Louise Hallett
Volunteer Centre Swindon
1 John Street
Swindon
01793 420557
heidi@swindonvolunteers.org.uk**