

Volunteer Application for WAGGGS

This form is to be completed by the MO/CA¹ and the volunteer seeking to be part of the WAGGGS Volunteer Pool and Network.

By signing this form, the MO/CA agrees for the individual volunteer to become a part of the WAGGGS Volunteer Pool and Network for a period of 6 years, volunteer for short-term and minor roles², and apply for longer-term/major³ volunteering positions within WAGGGS.

The MO/CA will be notified if the individual is selected for a major/long-term volunteering role and will have a period of 14 days to express any objections. The MO/CA retains the right to object at any time, even after the individual has commenced volunteering for WAGGGS.

WAGGGS Volunteers will be expected to participate in learning opportunities relevant to any volunteer roles selected for.

To be filled in by the volunteer applicant:

Applicant Name: _____

Member of (MO/CA): _____

I would like to join the WAGGGS Volunteer Pool and Network to:

Be able to apply to a specific opportunity I have seen

o If yes, please indicate the specific opportunity you are applying for:

Join the WAGGGS Volunteer Pool and Network to apply for volunteering opportunities as they become available.

By signing below, I confirm:

I understand that the WAGGGS Volunteer Pool and Network aims to recruit and train WAGGGS Volunteers, I have the intention to apply for opportunities to volunteer for WAGGGS.

I have read the WAGGGS Volunteer Pool and Network Terms of Reference and understand I will be asked to sign this once appointed to the Pool.

I confirm that I am at least 18 years old.

¹ Member Organisation/ Component Association

² has a mandate of less than 6 months or does not require a lot of time to devote, including micro-volunteering experience.

³ has a mandate of more than 6 months, requires a long-term commitment, high availability (time consuming).

Please provide a brief explanation for your MO/CA about your motivation to join the WAGGGS Volunteer Pool and Network.

Which official WAGGGS languages would you like us to use to communicate with you?

- ENGLISH
- FRENCH
- SPANISH
- ARABIC

To be completed by the applicant:

By signing below, I confirm that I accept the recommendation of my MO/CA to join the WAGGGS Volunteer Pool and Network. I certify that all the information provided in this form is my own work.

Signed: _____

Print full name: _____

Email address: _____

Contact mobile phone number: _____

Date: _____

By ticking this box I give permission, in accordance with the UK 2018 Data Protection Act, for WAGGGS to process and store my personal data for the purposes of my membership of the WAGGGS volunteer Pool, as described in the WAGGGS data protection policy (www.waggs.org/en/privacy-cookies)

To be completed by the MO/CA representative:

Please write here any additional information about the volunteer applicant you deem necessary to be shared with WAGGGS.

By signing below, I, as the authorised representative of the MO/CA mentioned above, confirm the following:

This confirmation is required to accept the volunteer applicant into the WAGGGS Volunteer Pool and Network:

- I have thoroughly read the Terms of Reference of the WAGGGS Volunteer Pool and Network and believe that this volunteer applicant understands the purpose and responsibilities of belonging to the WAGGGS Volunteer Pool and Network.
- I believe that the volunteer applicant has the required capacity and capability to fulfil a WAGGGS Volunteer role.
- The volunteer applicant is a member of our MO/CA, and we will promptly notify WAGGGS of any change to this status.
- There are no pending investigations or disciplinary procedures related to this volunteer applicant in the MO/CA.
- To the extent of our knowledge, the volunteer applicant is deemed suitable for working with children and young people.
- I confirm that the volunteer applicant is at least 18 years old.

Optional feedback on volunteer applicants interested in WAGGGS volunteer roles with additional responsibilities:

- I recommend this volunteer applicant for a role requiring high level of expertise, autonomy, and professionalism.
- I recommend this volunteer for a leadership position, involving team management and project coordination.

Signed by: _____

Position held in MO / CA: _____

Email Address: _____

Date: _____