Girlguiding lead volunteer for inclusion application form

Please complete this form in full electronically and email it to inclusion@girlguiding.org.uk by 5pm **on 9 May 2024.**

Please title your email: Application for lead volunteer for inclusion

Personal details

|  |  |
| --- | --- |
| Surname |  |
| Forename(s) |  |
| Address  |  |
| Postcode |  |
| Girlguiding membership number (if applicable) |  |

Contact details

|  |  |
| --- | --- |
| Mobile number |  |
| Home telephone number |  |
| Email address |  |
| What time of day – and how – would you prefer us to contact you? |  |

Referees

Please name two referees who will support your application:

* Two references from professional/education-based individuals who are able to comment on your ability to communicate and engage with others effectively and your relevant skills/experience/passion for the role you are applying for

These referees must be aged 18 or over and must not be related to you.

**Girlguiding referee**

|  |  |
| --- | --- |
| Name  |  |
| Address  |  |
| Role in Girlguiding |  |
| How long have you known the referee? |  |
| Relationship to you  |  |
| Tel.  |  |
| Email  |  |
| Membership number |  |

**Non-guiding referee**

|  |  |
| --- | --- |
| Name  |  |
| Address  |  |
| How long have you known the referee? |  |
| Relationship to you  |  |
| Tel.  |  |
| Email  |  |

**Application**

Please complete the following two sections:

1. Statement in support of your application
2. Declaration
3. **Statements in support of your application**

Are you currently applying for any other groups or committees? If so, please let us know which ones.

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|  |

Please outline your skills and experience, both within guiding and outside of guiding that is relevant to this role.

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|  |

What contribution do you feel that you can make in this role?

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What do you want to get out of this opportunity?

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Interviews will likely be held in May/June.

1. **Declaration**

By submitting this application form you confirm that:

* You are aged 18 or over.
* The information provided on this form is accurate.
* Your Go records are up to date (for existing members only).
* You would be willing, if required, to complete a Disclosure and Barring Service check.

*The information I have given in this application is, to the best of my knowledge and belief, accurate.*

|  |  |
| --- | --- |
| Name:  | Date:  |