VOLUNTEER RESOURCE POOL RECOMMENDATION FORM



Member Organisation / Component Association Statement of Support

We would like to recommend the volunteer named below as a potential facilitator and/or capacity building expert to join the WAGGGS volunteer resource pool.

Volunteer Name:		
Recommended by (MO/CA):		
In 200 words or more, please explain why you are recommending this volunteer to join the WAGGGS volunteer resource pool, with reference to the profile and activities as described in the Terms of Reference:		
To be completed by the MO/0	CA representative:	
of reference in full and believe capabilities required to fulfill this	s endorsement on behalf of the above-named MO/CA. We have read the terms this volunteer fits the profile described in the terms of reference, and has the role. The above-named volunteers is a member of our MO/CA and we will support accordance with the terms of reference, for the duration of their term.	
Signed by:		
Position held in MO:		
Email Address:		
Date		

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Volunteer Application Form

Why do you want to join the WAGGGS volunteer resource	pool?
Capacity Building Expertise	
Please select below any areas where you have advanced o confident could benefit an organisation at national level: Organisational Identity (embedding mission vision and values into the organisation) Organisational structure and strategy (strategy and planning and governance) Quality Girl Guide and Girl Scout Experience (girl programme and educational method) Leadership Practice (strengthening leadership at all levels for girls and adults) If you have said YES to any of the above, please give brief	 □ Recruitment and retention □ Organisational management (including HR both for staff and volunteers) □ Finance □ Fundraising and resource mobilization □ Image and visibility (including communications brand and media relations) □ Influence (including advocacy and partnerships)
Which official WAGGGS languages are you fluent in? □ ENGLISH □ FRENCH	□ SPANISH □ ARABIC

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To be completed by the nominated volunteer:

this role in full accordar	ad the role description and terms of reference in full and, if appointed, I will carry out nce with the terms of reference and the principles of WAGGGS as shown in the
Constitution and values	. All answers on this form are my own work.
Signed:	
Name:	
Email Address:	
Date:	
	give permission, in accordance with the UK 2018 Data Protection Act, for WAGGGS to process anal data for the purposes of my membership of the volunteer pool, as described in the

WAGGGS data protection policy (www.wagggs.org/en/privacy-cookies)

By signing below, I confirm that I accept the recommendation of my MO / CA to join the WAGGGS volunteer