**Cardiff Women's Aid**

**Volunteer Application Form**

# Private & Confidential

At CWA we offer an independent professional service for women and children who are victims of domestic abuse, sexual violence, or any form violence against women. We work, together with other organisations, to provide access to a safe environment for all women and their children who live in fear within their own homes, and to raise awareness of the issues surrounding domestic and sexual violence within the community.

Please complete this application form as fully as possible and return to the address on the back page.

## PERSONAL DETAILS

Surname: ………………………………………………………………………………………………………….

First name/s ……………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………….

………………………………………………………………….. Postcode: ……………………………………

Telephone: …………………….………… (home) ……………………………………... (mobile)

E-mail: ………………………………………………………………………………………………………………

Please state how you know about Cardiff Women’s Aid’s volunteer service:

……………………………………………………………………………………………………………………………..

We welcome and encourage applications from those with lived experience. Please tick the box that applies to you:

❒ Currently using CWA/RISE services

❒ Have used CWA/RISE services in the past

❒ Currently using other domestic abuse/violence again women services

❒ Have used other domestic abuse/violence again women services in the past

❒ Haven’t accessed services

❒ Prefer not to say

**MOTIVATION:** Why do you want to volunteer for Cardiff Women’s Aid?

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**VIOLENCE AGAINST WOMEN:** What is your understanding of Violence Against Women?

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**SKILLS:** What skills do you think are needed by those providing support to vulnerable women and children?

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**COMMITMENT:** If successful with your application, how much time would you consider ‘donating’ to Cardiff Women's Aid?

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### INTERESTS: Having looked at the Volunteer Opportunities, what areas of work do you think would interest you most and why?

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**TRANSFERABLE SKILLS**: Please provide details of any previous relevant experience or transferable skills that you may have so that we can match you to a suitable role. This may include academic qualifications, paid and voluntary work, knowledge of foreign languages, special skills such as counselling, hobbies that you could share, etc.

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### REFERENCES: Please give the name of two people who would be willing to give you a reference. It may be someone that you have known for a long time, or someone you have worked for. We will contact them only if you are successful in your application to volunteer.

**REFERENCE 1:**

Name: …………………………………………………………………………………………………………………………………...

Position: ………………………………………......................... Company: ……………………………………………..

Address: ………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………. Postcode: ………………………………..

E-mail address: ……………………………………….

Relationship to you (e.g. friend / employer) ………………………………………

May we contact them? YES / NO

**REFERENCE 2:**

Name: …………………………………………………………………………………………………………………………………...

Position: ………………………………………......................... Company: ……………………………………………..

Address: ………………………………………………………………………………………………………………………………

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…………………………………………………………………………………………. Postcode: ………………………………..

E-mail address: ……………………………………….

Relationship to you (e.g. friend / employer) ………………………………………

May we contact them? YES / NO

### DBS CHECKS: All members of CWA, both paid and unpaid, are subject to a satisfactory DBS check which will be requested on acceptance of a conditional offer. Disclosure does not automatically mean you will not be accepted to work with us, and this information will be used to assess suitability only if relevant. Each role is subject to different requirements, and candidates are considered on merit and ability.

**DECLARATION:** I certify that the information contained within this form is true and accurate to the best of my knowledge. I understand that should this prove not to be the case, then it may put any offer of volunteering with CWA at risk.

Signed: ……………………………………………………….. Date: ………………………….

Please return completed application form to:

## Volunteering Coordinator

**Email:** **volunteers@cardiffwomensaid.org.uk**

**Address:**

**Cardiff Women’s Aid**

**16 Moira Terrace**

**Adamsdown**

#### Cardiff CF24 0EJ

**Tel: 02920 676 852**