



**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. 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 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.....

MOBILE.....

E-MAIL.....

PLEASE STATE HOW YOU KNOW ABOUT CWA'S VOLUNTEER SERVICE:  
.....

DO YOU HAVE A CURRENT CLEAN DRIVING LICENCE?                      YES / NO

DO YOU HAVE ACCESS TO A CAR?    YES / NO



**DOMESTIC ABUSE:** Please state why you are interested in volunteering with Cardiff Women's Aid and your understanding of Domestic Abuse:

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**SKILLS:** What skills do you think are needed to raise awareness of women's rights in the community? Why do you feel this is important?

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**PARTICULAR INTERESTS:** Why do you want to volunteer as a women's rights champion?

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**COMMITMENT:** If successful with your application, how much time would you consider 'donating' to the Women's Right Project and could you also state your availability for interview (e.g. weekdays, evenings)

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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.

**REFERENCE 1:**

NAME: .....

POSITION: .....

COMPANY / HOME ADDRESS:  
.....  
.....  
.....  
.....

POSTCODE: .....

TELEPHONE NUMBER: .....

RELATIONSHIP TO YOU (E.G. FRIEND / EMPLOYER) .....

MAY WE CONTACT THEM? YES / NO

**REFERENCE 2:**

NAME: .....

POSITION: .....

COMPANY / HOME ADDRESS:  
.....  
.....

.....

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POSTCODE: .....

TELEPHONE NUMBER: .....

RELATIONSHIP TO YOU (E.G. FRIEND / EMPLOYER) .....

MAY WE CONTACT THEM? YES / NO

**CRIMINAL CONVICTIONS:**

You are required to disclose any criminal convictions you may have. Please list them below, with dates. If you have no convictions, please state NONE

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**PLEASE NOTE THAT ALL MEMBERS OF CWA STAFF, BOTH PAID AND UNPAID ARE SUBJECT TO A POLICE CHECK.** However, disclosure will not necessarily mean that you will not be accepted to work with us.

**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:

**ALICE MATTHEWS  
WOMEN'S HUMAN RIGHTS ADVOCACY AND EDUCATION PROJECT  
WORKER  
CARDIFF WOMEN'S AID  
16 MOIRA TERRACE  
ADAMSDOWN  
CARDIFF CF24 0EG**

**TEL: 029 02 460566  
FAX: 029 20 484097  
E-MAIL: [womensrightsworker@cardiffwomensaid.org.uk](mailto:womensrightsworker@cardiffwomensaid.org.uk)**

**Please complete section 2: Equal opportunities monitoring form.**  
Please note that the information you provide will **NOT** be used in the application process.



## **EQUAL OPPORTUNITIES MONITORING**

Cardiff Women's Aid is an equal opportunities employer. We strive to ensure that our working practices reflect this. To ensure that we maintain our commitment to equal opportunities, we would be grateful if you would complete this form. It is **not** obligatory to do so, and your application will not be prejudiced in any way if you do not complete the form.

Any information is recorded for statistical purposes only and will be assessed separately from your application.

### **1. ETHNIC ORIGIN. I would describe myself as:**

- |                               |                                |
|-------------------------------|--------------------------------|
| <b>Black</b>                  | <input type="checkbox"/>       |
| <b>Caribbean</b>              | <input type="checkbox"/>       |
| <b>African</b>                | <input type="checkbox"/>       |
| <b>Asian</b>                  | <input type="checkbox"/>       |
| <b>White</b>                  | <input type="checkbox"/>       |
| <b>European</b>               | <input type="checkbox"/>       |
| <b>Other (please specify)</b> | <input type="checkbox"/> _____ |

### **2. AGE**

**My date of birth is:** \_\_\_\_\_

### **3. DISABILITY**

- (a) I do/do not have any disabilities**
- (b) I am/am not registered as disabled**

**If you have answered yes to either of the above questions, please provide further details below:**

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### **4. SEXUAL ORIENTATION. I would describe myself as:**

- |                     |                          |
|---------------------|--------------------------|
| <b>Heterosexual</b> | <input type="checkbox"/> |
| <b>Lesbian</b>      | <input type="checkbox"/> |
| <b>Bi-sexual</b>    | <input type="checkbox"/> |
| <b>Other</b>        | <input type="checkbox"/> |

**Please return this form with your application form. Thank you.**