

# Staffordshire Women's Aid.

**CONFIDENTIAL**

## Volunteer Application Form

Please return this form to:

**Staffordshire Women's Aid.,**  
PO Box 2387  
Stafford. ST16 3WS  
Tel: 01785 600648 Fax: 01785 607829

**■ Personal details** (Please print clearly)

Surname ..... Address .....

Forenames .....

.....

Email ..... Tel (home) ..... Mobile.....

**■ Why would you like to volunteer for Staffordshire Women's Aid?**

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**■ What do you think you may gain from volunteering for Staffordshire Women's Aid?**

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**■ What qualities experiences or skills do you think you may be able to offer Staffordshire Women's Aid?**

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**■ Do you have any experience of volunteering?**

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■ **Are there any tasks you would not or could not do?** (Moving furniture, cleaning, one to one support or the helpline?)

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■ **Are there any tasks you would really like to do?**

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■ **How much time do you feel that you would like to commit to Staffordshire Women’s Aid?**  
 (Please give an approximate amount of hours per month week or day?)

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■ **We are sure that you will appreciate the sensitive and confidential nature of working with Staffordshire Women’s Aid.**  
 It will be necessary for all volunteers to undertake some training sessions. Some of these are listed below. Please tick or underline the areas of training that you feel would be the most beneficial to you.

Domestic Violence Awareness Training	Confidentiality Training
Staffordshire Women’s Aid Awareness	Refuge Training
Outreach Training	24 hr Helpline Training
Domestic Violence & Children	Equal Opportunities & Diversity
Domestic Violence & Mental Health	Domestic Violence Drugs & Alcohol
Domestic Violence Equality & Diversity	Domestic Violence & Sexual Violence

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**Would you be prepared to work in a confidential environment in accordance with Staffordshire Women's Aid confidentiality policy?**

yes  no

**Do you have your own car, and clean driving licence?**

yes  no

**Are you happy to have a CRB (police check)?**

yes  no

Already have one?

- Thank you very much for taking the time to answer these questions. If there is anything else you would like to add, please feel free to do so on a separate sheet.
- We will be in touch with you as soon as possible.
- Due to the sensitive nature of our work we have limited places at any one time, but we appreciate all interest and applications.

**■ References**

Please give the names and addresses of two referees who we can approach.

1.

2.

Signature .....Date.....

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**Staffordshire Women's Aid  
EQUAL OPPORTUNITIES MONITORING FORM**

To be returned with volunteer's form

This does not form part of your application to volunteer. It will not be considered during the selection process

How would you define your sexuality? heterosexual  homosexual   
bisexual

Do you have a disability? yes  no

What age group do you fall within? Under 16  16-25   
26-55  55-64  65 +

**Employment Status**

Employed Full Time (or self employed)	
Employed Part Time (or self employed)	
Unemployed	
Student / Training Scheme	
Primary Carer	
Sick / Incapacity	
Retired	
Never in paid employment	
Other	

**Ethnic Group**

Please indicate to which ethnic group you belong. (These categories are recommended by the Commission for Racial Equality.)

- Bangladeshi
- Black-African
- Black-Caribbean
- Black-other (please specify)  .....
- Chinese
- Indian
- Irish
- Pakistani
- White
- Other (please specify)  .....

**Where did you hear about us?**

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