

Women's Rape and Sexual Abuse Centre
Volunteer Application Form

Name

Address

Postcode _____ **e-mail** _____

Tel Number Day _____ **Evening** _____

Where did you find out about volunteering with WRASAC?

Please answer the following questions as fully as you are able.

1. Why do you want to do voluntary work with WRASAC?

2. What skills or qualities do you think that you can bring to WRASAC?

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3. How do you feel you will benefit from being a volunteer with WRASAC? e.g. career development, work experience, meeting people etc..

4. Please state your beliefs and views on;

i) Abortion

ii) Pornography

iii) Sexuality

iv) Feminism

6. What are your fears or concerns about volunteering with WRASAC?

7. References: Please note these can be character references. Please note we will contact referees prior to interview.

Referee name _____

Address _____

Relationship to applicant _____

Referee name _____

Address _____

Relationship to applicant _____

Signed _____

Date: _____

Please contact WRASAC on (01382) 205556 if you have any questions about any part of this application.

Please return completed application form to:
WRASAC, PO Box 83, Dundee, DD1 4YZ

Or alternatively e-mail to wrasac@btconnect.com