

**Women's Rape and Sexual Abuse Centre  
Perth & Kinross**

Volunteer Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ e-mail \_\_\_\_\_

Tel Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Where did you find out about volunteering with WRASAC P&K?

\_\_\_\_\_  
Please answer the following questions as fully as you are able. (Please continue on another sheet if necessary)

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

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

3. How do you feel you will benefit from being a volunteer with WRASAC P&K? 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 P&K?**

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

<b>Referee name:</b>
<b>Address:</b>
<b>Relationship to applicant:</b>

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<b>Address:</b>
<b>Relationship to applicant:</b>

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please contact WRASAC Perth & Kinross on (01738) 626290 if you have any questions about any part of this application.**

**Please return completed application form to:  
WRASAC Perth & Kinross, PO Box No 7570 , Perth PH2 1BY**