VOLUNTEER APPLICATION FORM

Date:

Surname:

First Name:

Residential Address:

E-mail:

Date of Birth:

Gender:

Telephone Numbers: Home: Work:

ID / Passport Number:

Drivers License:

Do you have your own transport:

Education and Skills:

Present Employment:
(Company & Position)

Indicate which project you prefer: Please mark with an X where applicable

□	Yizani Drop in Centre (City)	09h00–12h00 Mon to Fri
□	Homestead Intake Shelter (District 6)	24hrs every day
□	Elukhuselweni Children's Home(Khayelitsha)	24hrs every day
□	Job Creation	09h00–16h00 Mon to Fri
□	Manenberg Satellite (Afternoon Care)	13h00–16h00 Mon to Fri
□	Any of the above projects	

How long will you commit yourself to being a volunteer?
From (month) (year) to (month) (year)

What times are you available:

- ☐ Weekday Morning – any specific days?
- ☐ Weekday Afternoon – any specific days?
- ☐ Evenings – what days and times?
- ☐ Weekends – any specific days and times?

What are your hobbies:

What is your home language:

Which other languages do you speak:

Have you any volunteer experience (Welfare, PTA, Church etc)? Please specify:

Have you worked with children before? If so please give details:

The following are examples of volunteer activities:
Please indicate with a X what you are interested in

☐	Outings	☐	Driving
☐	Homework Help	☐	Life Skills Coaching
☐	Reading Aloud	☐	Art & Craft
☐	Drama	☐	Dancing / Singing
☐	Indoor Games	☐	Camping
☐	Sports: Please specify:	☐	Job Creation

☐ Hosting Children (Weekend / Holidays): Please specify

☐	Fund Raising	☐	Filing / Library
☐	Cooking	☐	Stock Counts
☐	Handyman / Painting	☐	Sewing / Mending
☐	Social Work (if qualified)	☐	Office Work
☐	Clinical Psychology (if qualified)	☐	Other: Please specify

Please supply the details of two references:

Name: Tel: e-mail:

Name: Tel: e-mail: