



## VOLUNTEER APPLICATION FORM

(Private and confidential)

Please help us get to know you a bit better and to learn more about your volunteer interests.

Your answers to the following questions will help us determine your skills, interests and availability that match our various volunteer programs.

Thank you for your time.....

### PERSONAL DATA *(in case of emergencies)*

|  |  |                 |     |
|--|--|-----------------|-----|
| Surname:   |  | First names:    |     |
| Address:   |  |                 |     |
| Telephone: (h)                                   |  | (w)             | (c) |
| Age:   |  | Marital status: |     |
| Identity No.:                                    |  |                 |     |
| Number of children:                              |  | Their ages:     |     |
| Contact person in case of emergency:             |  |                 |     |
| Name:  |  | Relationship:   |     |
| Address:   |  |                 |     |
| Phone: (h)                                       |  | (w)             |     |
| Do you have your own transport?                  |  |                 |     |
| Language:  |  |                 |     |
| Other languages proficient in:                   |  |                 |     |
| Do you have any disabilities or health problems? |  |                 |     |
| Hobbies and interests:                           |  |                 |     |

## EDUCATION AND EXPERIENCE *(for Organisation use)*

Give a brief outline of your education:

Are you employed/ unemployed/ looking for employment/ retired/ student?

Current / previous occupation:

**Do you have any experience of volunteering? YES / NO**

If "yes", please give details:

Institution:

Period of time: \_\_\_\_\_

Training received: \_\_\_\_\_

Reason for leaving previous institution: \_\_\_\_\_

Nature of services volunteered: \_\_\_\_\_

## VOLUNTEER PROGRAMME AT

How did you hear about our volunteer programme?

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer for our organisation?

\_\_\_\_\_  
\_\_\_\_\_

**Defining your commitment:**

1-3 hours per week  4-6 hours per week  7-10 hours per week  more?

And

1-3 months  4-6 months  6-12 months  more?

If you are willing to volunteer more than 10 hours per week and/or be a volunteer for longer than 12 months, please specify your commitment: \_\_\_\_\_

**Please check your preference:**

mornings  afternoons  evenings  in office/ on-site  work from home

Which days of the week would you prefer to work?

**Please indicate in which service field you would like to volunteer your services:**

- Administrative/ office work
- Answering and making phone calls
- Conducting educational programmes
- Fundraising through specific projects
- Healthy Living Project
- Co-ordinating Special Events
- Sourcing Sponsorship
- Facilitate Support Groups (Training by PLWC)
- Emotional support of patients and their families (Training by PLWC)
- Practical assistance to cancer patients (transport, shopping, ext.)
- Other: Please specify \_\_\_\_\_

**REFERENCES**

Due to the nature of the work you will be doing, we apply for references for all our volunteers. Please give the names, addresses and telephone numbers of two referees.

**Please note:** Not family members.

|            |            |
|------------|------------|
| Name:      | Name:      |
| Address:   | Address:   |
| Telephone: | Telephone: |
| Position:  | Position:  |

The information given above is, to the best of my knowledge, accurate.

I am prepared to allow the above referees to be contacted in respect of the voluntary task I am interested in.

I acknowledge that I will be subject to the code of conduct for volunteers of



and, will undergo training by PLWC.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please note:**

The Completed application form needs to be returned to



via:

**E-mail:** [info@can-sir.org.za](mailto:info@can-sir.org.za)

**Fax:** 086 710 8167

**Post:** P O Box 46918

Glosderry

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