



# VOLUNTEER CENTRE

NPO No: 003-383 / PBO No: 18/11/13/4779

*Helping build a nation that cares*

Postal Address:

P O Box 2549 Clareinch 7740

Physical Address:

124 Belvedere Road, Claremont 7708

Email: [info@volcent.co.za](mailto:info@volcent.co.za)

Website: [www.volcent.co.za](http://www.volcent.co.za)

Tel: +27 (21) 674-5338

Fax: +27 (21) 674 5367

## VOLUNTEER APPLICATION FORM

<b>PERSONAL IDENTIFICATION</b>					
Date:					
Name:			Surname:		Mr. Mrs. Ms.
Age Range	16 - 25	26 - 36	37 - 47	47 - Above	
Identification Number:					
Home Address:					
Postal Code:			E-mail Address:		
Contact Numbers	Home	Work	Cell	Fax	
<b>EDUCATIONAL BACKGROUND</b>					
Education or Professional Qualifications					
Trainings Acquired					
<b>WORK BACKGROUND</b>					
Period Covered	Name of previous Employer or Office presently works with	Physical Address & Contact Number of Employer		Position or Nature of Work	

### Skills, Areas of interests & Qualifications acquired by the Volunteer

Skills or Experience	Areas of Interest	Qualities
Computer Literate	Computer	Patience
Counseling	Office Administration	Self - Motivated
Teaching & training	Arts & Crafts	Organized
Care - giving	Sports	Disciplined
Driving	Music	Committed to work
Reading & Writing	Mentally Challenged	Observes punctuality
Language Editing	Physically Challenged	Dedicated
Research Study	Abused Women	Respect confidentiality
Planning	Abused Children	Values Honesty
Data Capturing	Abused Elders	Determined
Fund Raising	Senior Citizens	Values Volunteering work
Marketing	HIV / AIDS	Team Player
	Health Care	Objective / Non - Judgmental
	Environmental Issues	Hard Worker
	Community Development	
	Research	
	Business Devt. Management	
	Newsletter Writing	
	Project Management	
	Fund Raising	
	Marketing & Advertising	
Others: [Specify]	Utility / Domestic Services	Others: [Specify]
	Others: [Specify]	

### Work Preferences

(Indicate any preference for worksite placement):

Time & Service Commitment (Please tick boxes)	Once Off	Short - Term (Six Months or less)	Long - Term (Six Months or more)
Mornings	Afternoons	Weekends	Evenings

Is there any specific organization that you had in mind where you would like to volunteer?

**(Please note that there can be no assurance whatsoever that you will be placed in this organization)**

### HEALTH INFORMATION

Do you have any Mental / Physical problems / Illness that may affect your tasks / duties as a Volunteer? If YES, Please Specify Illness.	YES, What illness?	NO
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### KNOWLEDGE ABOUT THE VOLUNTEER CENTRE

How did you hear about the Volunteer Centre?	
Comments & Suggestions	

### REFERENCES

Name	Organization	Designation	Address & Contact Numbers

**Volunteer (Applicant) Signature**

### FOR OFFICE USE ONLY

<b>Date Application was Received:</b>					
<b>Date Volunteer was Referred:</b>					
<b>Organization/s referred to:</b>					
<b>Date Referral was Followed - up:</b>					
<b>Month:</b>	<b>Date:</b>	<b>Year:</b>	<b>Status of Referral</b>		
			<b>Successful / Place</b>	<b>Mismatch</b>	<b>For Follow - up</b>
<b>Recruited &amp; Interviewed By:</b>					