



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

Website: www.volcent.co.za

Tel: +27 (21) 674-5338

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VOLUNTEER APPLICATION FORM

PERSONAL IDENTIFICATION					
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	
EDUCATIONAL BACKGROUND					
Education or Professional Qualifications					
Trainings Acquired					
WORK BACKGROUND					
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	
KNOWLEDGE ABOUT THE VOLUNTEER CENTRE					
How did you hear about the Volunteer Centre?					
Comments & Suggestions					
REFERENCES					
Name		Organization		Designation	
Volunteer (Applicant) Signature					
FOR OFFICE USE ONLY					
Date Application was Received:					
Date Volunteer was Referred:					
Organization/s referred to:					
Date Referral was Followed - up:					
Month:		Date:		Year:	
Recruited & Interviewed By:					