VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Telephone No: (_)_____

Fax No: _____

Email Address: _____

ID No: _____

Are you computer literate? Yes _____ or No_____

What packages are you confident in:

_____

_____

_____

What do you enjoy doing in you spare time?

_____

_____

Where did you work in the last five years and your period of employment at each employer?

_____

_____

_____

What days of the week are you available? Monday/Tuesday/Wednesday/Thursday/Friday

How many hours per day can you work? _____

What time of day suits you best? Mornings/ Afternoon/ Evenings/ Holidays

1. **Next of kin**:

Name: _____

Address: _____

Telephone No: **(_)**_____

Email Address: _____

Cellphone No: _____

Do you have a criminal record: Yes: _____ or No: _____

if yes explain _____

_____

Do you have your own transport: Yes: _____ or No: _____

2. **Contactable references:**

1. Name: _____

Contact No**:** _____

Nature of relationship with reference: _____

2. Name: _____

Contact No: _____

Nature of relationship with reference: _____

SIGNATURE: _____

DATE: _____

Please note that the following documents are mandatory before any volunteer work may commence with Western Cape Association for Persons with Disabilities.
A copy of your CV
A certified copy of your ID/ Passport

Please submit your documents and this form to overstrandapd@hermanus.co.za.