



Villa of Hope
PO Box 1630 Eldorado Park 1813
28 Cavendish Road, Nancefield, Johannesburg
Tel +2711 342-6178 Fax +27 86 590 0910
E-mail: villaofhope@mweb.co.za
www.villaofhope.co.za

VOLUNTEER INFORMATION FORM

PERSONAL INFORMATION

Full Names: _____

Identity No / Passport No: _____

Street Address: _____

Town: _____

City: _____

Code: _____

Phone: _____

E-Mail Address: _____

Duration of your volunteer work: Arrive: _____ Depart: _____

Do you need accommodation on our premises during your stay? _____

*If not please note that you will need to arrange your own transportation to and from our premises.

EMERGENCY CONTACTS

Person to Notify in Case of Emergency

Full Name: _____

Relationship: _____

Country: _____

Phone: _____

E-Mail Address: _____

Alternate Person to Notify in Case of Emergency

Full Name: _____

Relationship: _____

Country: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

NB: PLEASE ATTACH A COPY OF YOUR MEDICAL AID / MEDICAL INSURANCE TO BE USED IN CASE OF EMERGENCIES & COPY OF IDENTIFICATION CARD / BOOKLET.

HEALTH INFORMATION

Physical Condition: ___Excellent ___ Good ___Fair ___ Poor

Please Explain: _____

Do you have any notable illness – if yes please explain?

Do you have any notable handicap – if yes please explain?

Do you have any allergies – if yes please explain?

Do you suffer from any psychiatric/psychological disorder – if yes please explain?

Are you taking any medication at the moment – if yes please explain the need and the side effects of the medication?

Is there anything to your knowledge that may disqualify you from partaking in certain activities or certain social situations – if yes please explain?

Do you have any health issue that needs to be disclosed not covered in the above questions - if yes please explain? _____

Do you have any dietary requirements or limitations – if yes please explain? _____

Please use this space to give any information you deem might be necessary about your health and not covered in the above questions: _____

EDUCATIONAL INFORMARTION

What is your highest level of education? _____

Please list Degrees, Diplomas and Certificates you have completed (or partially completed):

1. _____ years / _____ Months / _____ days
2. _____ years / _____ Months / _____ days
3. _____ years / _____ Months / _____ days
4. _____ years / _____ Months / _____ days
5. _____ years / _____ Months / _____ days
6. _____ years / _____ Months / _____ days
7. _____ years / _____ Months / _____ days

VOLUNTEERING

What has inspired you to volunteer? _____

How did you come to know about Villa of Hope? _____

What made you decide to volunteer with Villa of Hope? _____

Have you worked as a volunteer before? _____

If so, what did you do? _____

When are you available for volunteer assignments?

___ : ___ to ___ : ___ Monday

___ : ___ to ___ : ___ Tuesday

___ : ___ to ___ : ___ Wednesday

___ : ___ to ___ : ___ Thursday

___ : ___ to ___ : ___ Friday

___ : ___ to ___ : ___ Saturday

Areas of interest you are best suited to volunteer in:

- Environment
- Children
- Youth
- Volunteer Leadership
- Health/ Wellness
- Disaster Assistance
- Building/ Repair
- Fundraising
- Disability Services
- Education
- Physical Labour
- Other – please specify _____

(Special Skills or Qualifications Skills and qualifications could have been acquired through employment, previous volunteer work, or other activities such as hobbies or sports.)
What skills or qualifications do you have as a volunteer?

List Memberships in Clubs and Organizations: _____

List Hobbies and Special Skills: _____

Language(s) spoken _____

OTHER FACTORS

What are your religious beliefs? _____

How do your beliefs affect your life? _____

How will your beliefs affect your work as a volunteer? _____

Is there anything that you need to disclose that might affect the decision to let you volunteer with Villa of Hope? _____ . If yes please explain: _____

Please look at the table below and indicate with a YES or NO as is applicable to you:

Have you ever been involved in/with ...	Have you ever been convicted for this ...	Is this still a problem...	When last was this an issue
Alcoholism			
Cigarettes			
Drug abuse			
Domestic abuse			
Sexual abuse			
Sexual crimes			
Violent crimes			
Sexual offence on a minor			
Negatively influenced a minor			
Humanitarian crimes			
Any other:			

Please add additional information as you deem necessary

NB: Attach character references from religious leader / teacher or people other than your kin or friends. The letter should indicate the relationship.

I understand that in addition to the state mandates, Villa of Hope will, among other things, will conduct a thorough check of my background.

- I understand that allegations or suspicions of child abuse are taken very seriously by Villa of Hope and will be reported to police and/or state agencies for investigation and that Villa of Hope will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent screening,

AFFIRMATION

- I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavourably.
- I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to government regulations, Villa of Hope’s review and acceptance of fingerprint record and proof of minimum age.
- I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

- I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

VOLUNTEERS TO ALSO NOTE:

1. All transportation outside of Villa of Hope's activities is the responsibility of the volunteer
2. Villa of Hope will provide living quarters and basic nutritional needs and additional expenses are the volunteer's own responsibility
3. Villa of Hope appreciates your stay and would like a flag of your country as a reminder of the work done.
4. There are no costs involved in volunteering at the Villa of Hope but we would appreciate a donation to one of our urgent needs.
5. None of the children from the Villa of Hope may be photographed for any form of publication (social media included) as they are protected by the Child Protection Act.

Volunteer Name: _____

Signature: _____

Date: _____

Witnessed by _____ Signature: _____

Office Use Only:

Approved by: _____

Signature: _____

Date: _____