



VOLUNTEER APPLICATION FORM – PART ONE

Full Name & Surname: _____

Date of Birth: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Home Address: _____

City, Province, Postcode: _____

Religious Affiliation: _____

Employed by (if employed): _____

Phone Number: _____

Work Address: _____

Name of Contact Person at Company: _____

May you be called at work? Please tick as appropriate Yes No

Brief description of work: _____

Formal education (highest year of school completed): _____

Do you speak another language other than English? Please tick as appropriate Yes No

If yes, which language/s do you speak? _____

Do you have a driver's licence? Yes No

Do you have regular access to a car? Yes No

Current community activities (Please note that our decision will not be affected by your answer):

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities dates of service):

What are your reasons for wanting to participate as a Villa of Hope volunteer?

Have you had any personal experiences involving?

Child Care Children's Home Other agencies offering services to children/young adults

If so explain: _____

How did you learn of our program? _____

Have you ever been convicted of a crime other than traffic violation? Yes No

If yes, what charge? _____ Date convicted: _____ Where: _____

Do you consent to a routine check of your criminal records? Yes No

Please list three references of people who know you well, other than relatives, preferably for whom you have worked for, either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Full Name & Surname / Address / Postcode / Phone / Relationship – One being your religious leader

1. _____

2. _____

3. _____

What days of the week would be convenient for you?

- Weekdays – Monday to Friday
- Weekends – Saturday, Sunday

Kindly note that Villa of Hope reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

Applicant Signature

Date

- Please attach (1) full colour copy of your ID, (2) Affidavit – stating that you have not been involved in any criminal activity.... to the application.

VOLUNTEER APPLICATION FORM – PART TWO

Please answer the following questions in paragraph form on a separate piece of paper.

1. Write a brief summary about your interest and hobbies and any special skills you may have and how you hope to benefit from the volunteer experience. (N.B. No more than 100 words required)

PLEASE RETURN YOUR COMPLETE APPLICATION:

MAIL TO: Villa of Hope (Administration Department)
PO Box 1630, Eldorado Park, South Africa, 1813

FAX TO: Villa of Hope (Administration Department)
086 590 0910

EMAIL TO: villaofhope@mweb.co.za

- **Kindly note that we aim to contact you within a two or three week period, if you do not hear from us within that time frame, please feel free to contact us.**

**** We would appreciate an honest and sincere answer as to how long can you commit your time or services to our organisation.**