

Volunteer Application Form

Personal Details

Name:		
Surname:		
Address:		
Contact number:		
ID number:		
Age:		
Marital Status:		
Children:		
Religion:		
STUDENT DETAILS:		
Parent/guardian's name surname:		
Student contact number:		
School:		
Teacher responsible:		
Grade:		
Email:		
Contact in case of Emergency:	Name:	Number:

Experience & Expectations

What is your current work position?	
What language/s do you speak:	
Describe your skills set – what are your strengths:	

<p>What are your weaknesses/ tasks you avoid?</p>	
<p>Volunteer Opportunities:</p> <p>Tick the volunteer area you would like to participate in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Volunteer at baby home <input type="checkbox"/> Volunteer for donation, sorting and distribution center <input type="checkbox"/> Volunteer to assist with fundraising events <input type="checkbox"/> Community service volunteering (Please note – Limited applicants per term) 	<p>Which of these activities would be most suited to your skill set? (tick):</p> <p>Offering expertise:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical: (Doctor, physiotherapist/occupational therapist, etc.) <input type="checkbox"/> Skills development: (Cooking lessons for caregivers, First Aid Training, Pre-school teacher, Swimming lessons.) <input type="checkbox"/> Running a Children's Program ie. Kindermusiek, Ball skills etc. <input type="checkbox"/> Administration: Reception, filing etc. <p>Other:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engaging with babies – feeding, bathing, stimulating, nurturing various age groups, etc. <input type="checkbox"/> Transporting babies to hospital and doctor visits, or on general outings. <input type="checkbox"/> Cooking meals at the baby home or teaching cooking lessons. <input type="checkbox"/> Gardening and maintaining vegetable garden. <input type="checkbox"/> Helping with outside maintenance – cleaning the pool, maintenance paint work or repairs. <input type="checkbox"/> Household practicalities: Washing windows, washing carpets or furniture, sorting washing. <input type="checkbox"/> Collect, sort and distribute donations from the donation distribution center. <input type="checkbox"/> Granny Goose Charity Shop: Retail sales assistant, mark and sort stock, perform stock take, merchandise store.
<p>Which of these statements best describe you (tick):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Attention to detail <input type="checkbox"/> People person <input type="checkbox"/> Children's person <input type="checkbox"/> Work well under pressure <input type="checkbox"/> Organized <input type="checkbox"/> Prefer to work with a team <input type="checkbox"/> Prefer to work alone <input type="checkbox"/> Flexible to change <input type="checkbox"/> Like things to be structured <input type="checkbox"/> Like to initiate action <input type="checkbox"/> Like to wait until tasks are assigned
<p>When are you available to volunteer?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Mornings

"Our dream is to catch as many vulnerable children as we can" - CEO, Charmaine McQueen

	<input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekend <input type="checkbox"/> Any time
What is the minimum amount of time you can commit to as a Volunteer/service provider:	<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Longer than one year
Would you be willing to travel between various TAT facilities? TAT Benoni, TAT Cloverdene, TAT Delmas	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about volunteering at The Almond Tree?	

Have you volunteered for a Non-Profit before? If Yes, provide details:

Share what you know about The Almond Tree:

What are your expectations as a Volunteer for the Almond Tree?

Have you experienced trauma in your life? Please describe your current emotional state.

Briefly describe your spiritual belief system:

Do you belong to a church and if so, which church and what is your involvement there?

Pastor's Name: _____

Contact Details: _____

Legal Information

Are you involved in any current or pending legal proceedings or police record? If yes, provide details.

**Volunteers are required to obtain a police clearance certificate from the police station as well as a sexual offender's clearance (Form 30) from the Department of Social Development. Find details on the DSD website: www/dsd.gov.za*

Health Details

Do you have any medical conditions that could affect your ability to volunteer? i.e. Unable to walk steadily might affect your ability to carry a baby.

GP's Name: _____

Contact Details: _____

I have completed this application honestly.

If accepted as a volunteer for The Almond Tree, I agree to abide by the instructions and guidelines of each project.

Signature

Date