



PO Box 971
Thabazimbi
0380
Limpopo Province

Telephone +27 14 0040 334
Cellphone +27 60 565 6198
E-mail: socialworker@thabang.org
Website www.thabang.org

Volunteer application and information form:

Date information was received: _____

Staff member who received the form: _____

1. Personal information of applicant:

1.1 Name and surname: _____

1.2 ID or passport number: _____

1.3 Residential address: _____

1.4 Postal address: _____

1.5 Telephone numbers: Home: _____

Work: _____

Cell: _____

Email: _____

1.6 Name and telephone number of a family member that can be contacted in a case of emergency:

1.7 Date of birth: _____

1.8 Home language: _____

1.9 Additional languages: _____

NPO Registration No. 177-275-NPO
Board of Directors for NPC: Mrs Y Matthee (Chairperson), Mr O Gaitate, Mrs T White,
Ms A Silinga, Mrs I Lesejane, Mr M D Poggenpoel, Mrs E Olivier, Ms LM Grobler
PBO Ref No. 930054982

Bank Details: Thabang Children's Home Trust, Account No.: 4060 811 380 ABSA Bank, Swift: ABSA ZAJJCPB
Tax Reference No.:R9 / 0021 / 03 / 05



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1.10 Criminal record? YES / NO

1.11 If YES at previous question, please explain: _____

2. Education and qualification:

Highest educational qualification: _____

List qualifications and institutions at which they were achieved:

3. Employment:

Please provide details regarding your current or previous employment:

<i>Details</i>	<i>Previous employment</i>	<i>Present employment</i>
Company		
Position		
Job responsibilities		
Employment dates		
Date leaving		



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4. Community involvement:

Please give us details about your current or previous community, or other volunteer involvement:

<i>Details</i>	<i>Previous</i>	<i>Present</i>
<i>Community/ NGO/ Company</i>		
<i>Position</i>		
<i>Period of involvement</i>		

5. What are your hobbies?

6. General:

6.1 How did you hear about Thabang? _____

6.2 Why would you like to volunteer with us? _____

6.3 Detail any health problems that you feel we need to be aware of in the event of you requiring emergency treatment, e.g. diabetes, asthma: _____

6.4 Are you aware that as a volunteer you will not receive any remuneration?

6.5 How long are you planning to stay with Thabang (please add dates if they are available at this stage)? _____

6.6 How much time per week would you be able to offer?



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6.7 Will your stay be a practicum for school, university etc.? Are there any expectations that should be met? Please specify: _____

6.8 What method of transportation will you use to get to and from Thabang?

6.9 Have you been in a foreign country before? If yes, where, for how long and what were you doing there? _____

6.10 Do you have any preferences for working in a particular project within Thabang? Please also indicate why? _____

6.11 What are the skills and gifts you would like to use within your work at Thabang? Tick the box:

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Homework with the children	<input type="checkbox"/>	Activities with the children
<input type="checkbox"/>	Ministry	<input type="checkbox"/>	Other:

6.12 What are your expectations for your time with us? _____

6.13 Please give us the names and telephone numbers of two references (not family members)

Name	Relation to you	Contact number



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6.14 Would you object to an organizational check (credit worthiness, criminal records, checking references)? YES/NO

Motivate: _____

6.15 Are you prepared to complete a document to establish whether your name ins on the child Protection Register at the Department of Social Services? YES/NO

6.16 Are you prepared to attend organizational staff meetings and functions? YES/NO

6.17 Do you have any other comments, suggestions, or things you would like us to know?

To the best of my knowledge this information is true at the time of collection.

Signature

Date