

VOLUNTEERS' APPLICATION FORM



PERSONAL DETAILS										
1.	SURNAME		FIRST NAME							
2.	Address		Email							
3.	Cell Phone		Home Phone							
4.	Date of birth		Name/ tel number for Emergency contact							
5.	Do you have you any disabilities or health problems which we should be aware of?									
6.	Are you on any regular medication?									
VOLUNTEERING FOR THE FRIENDS										
7.	How did you hear about the Friends of the Children's Hospital Association?									
8.	Why do you want to be one of our volunteers?									
9.	Which days of the week would you like to volunteer with us?		Mon	Tues am	Tues pm	Wed	Thurs Am	Thurs pm	Fri	Sun
10.	What date can you start?									
Some more information about you, please:										
11.	Language skills									
12.	Current employment									
13.	Previous employment									
14.	Education and qualifications									
15.	Skills and personal qualities									
16.	Previous experience as a volunteer									
17.	Interests and hobbies									

REFERENCES: Due to the nature of the work you will be doing, we ask all our volunteers for references. Please give the names, addresses, and telephone numbers and (if possible) email addresses for two referees, preferably a present or past employer, a lecturer, pastor etc but not a family member or friend. You also need to apply for Police Clearance at any Police Station.

Reference One	Reference Two
Name:	Name:
Address:	Address:
Telephone (preferably cell phone) :	Telephone (preferably cell phone):
Email address:	Email address:
Position/occupation:	Position/Occupation
<p><i>To the best of my knowledge, I certify that the above information is accurate. I give my permission for the above referees to be contacted in respect of my application to become a volunteer for the Friends of The Red Cross War Memorial Children's Hospital and the tasks which I have expressed an interest in.</i></p>	
Signature:	Date:

For Friends administration use only:

Date form received:	
Contents checked by:	
Date REFERENCES APPLIED FOR:	
Date REFERENCES RECEIVED:	
Start date:	Last date attended, and reason:
Indemnity form completed:	
Signed off by staff member:	



The Friends of the Children's Hospital Association

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