

## VOLUNTEER APPLICATION FORM

First Name(s):	Surname:
Postal Address:	Residential Address:
Postcode:	Postcode:
Home Tele:	Work Tele:
Cell:	Email:
ID Number:	

Are You: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age: Under 20 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40-59 <input type="checkbox"/> 60+ <input type="checkbox"/>
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Approximately how much time are you able to offer each week/month? .....

Preferred location of volunteer work: Knysna  Sedgefield  Outlying areas

Please briefly outline why you wish to become a volunteer for Hospice and any specific skills that you may have

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Please provide the name and full contact details of 2 references (not a family member)

1) .....

.....Tele. No:.....

2) .....

..... Tele. No.....

For Office Use Only

Volunteer Team \_\_\_\_\_ Date \_\_\_\_\_ Interviewer \_\_\_\_\_

Application successful: Yes  No  Entered into database: Yes

Comments .....

*Locals caring for locals*