

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)

.....Cell:.....

2)

..... Cell:.....

For Office Use Only Volunteer Team _____ Date _____ Interviewer _____ Application successful: Yes <input type="checkbox"/> No <input type="checkbox"/> Entered into database: Yes <input type="checkbox"/> Comments

Locals caring for locals