

Office:  
34 Tafelberg Drive  
Oakdene  
Johannesburg

Babies home:  
136A High Street  
Rosettenville  
Johannesburg



## Volunteer Application Form

Full name of applicant:	
Date of birth:	Age:
Physical Address:	
ID Number:	
Email Address:	
Phone Number:	
Name and Contact Number in case of Emergency:	

I would like to volunteer at: (Please tick)

Babies home       Fundraising Events

Morning       Afternoon

Monday       Tuesday       Wednesday       Thursday       Friday       Saturday       Sunday

What volunteer experience do you have?


Have you ever had a history of substance abuse? If so, tell us about it.  
Remember that this application is KEPT IN STRICTEST CONFIDENCE.  
Your honesty counts.


References:

Please list three references.

None of your references should be related to you or any of your other references, or live in the house with you.

Please include their contact number and email address if possible.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

CONFIDENTIALITY CLAUSE:

1. Any information concerning the child or parent will remain in strictest confidence.
2. No cell phones or cameras are allowed in the nursery.

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_

Please enclose a copy of your police clearance certificate and a copy of your ID with the application.

Email signed form to: [annebrahim873@gmail.com](mailto:annebrahim873@gmail.com) or alternatively drop it off at the babies home, 136A High Street, Rosettenville.