

 **Volunteer Application Form**

Name:

Address:

Email:

Phone / mobile:

Skills/Qualifications:

How much time are you able to volunteer? No of hours: Any preferred days?

Do you have a current first aid certificate? YES NO

Do you have any current employment screening clearance in SA? YES NO

Have you volunteered before? YES NO

If yes, what did you do & with which organisation?

Is there a particular area of the Association you wish to volunteer in? YES NO

If yes, what is it, and why?

Emergency Contact Name:

 Phone /mobile:

 For Office Use Only

Date received: Date Interviewed:

Outcome: Signed: