| D Box 19 Tengo Court<br>ydenham Road<br>ydenham<br>ort Elizabeth, 6001<br>outh Africa<br>I: +27(0) 81 7671 386<br>+27(0) 71 7219 321                                   |   |         |         |               |                |                             |                        |  |
|--|---|---------|---------|---------------|----------------|-----------------------------|------------------------|--|
| info.adm.arma@gmail.com<br>African Refugee and Migrants Aid<br>@arma_humanitarian<br>@ARMAHumanitarian<br>African Refugee and Migrants Aid<br>www.armahumanitarian.org |   |         |         |               |                |                             | Migra                  | efugee and<br>ints Aid<br>iere for you |
| APPLICATION NO.  |   |         |         |               |                |                             |                        |  |
|  |   |         |         |               |                |                             | ANNEX                  | URE AA2                                |
|  |   | Δ       |         | ION FOR V     | OLUNTEER       | (                           |                        |  |
| рнотоя   | APPLICATION FOR VOLUNTEER<br>AFRICAN REGUGEE AND MIGRANTS AID<br>"ARMA" |         |         |               |                |                             |                        |  |
| Surname<br>Full names  |   |         |         |               |                |                             |                        |  |
| Identity number  |   |         |         |               |                |                             |                        |  |
| Date of birth  |   | C'a da  |         |               | I we to        |                             | Others                 |  |
| Marriage status<br>Gender  | Marriage<br>Male  | Single  |         | vorce<br>male | Widow          |                             | Others                 |  |
| Place of birth   | Iviale  | _       | rei     | Indie         | -              |                             | Age:                   |  |
| Nationality  |   |         |         |               |                |                             |                        |  |
| Country of birth   |   |         |         |               |                |                             |                        |  |
| Religion   |   |         |         |               |                |                             |                        |  |
| Status in the country  | Citizen   | Migrar  | nt R    | efugee        | Asylum Seel    | ær                          | Others                 |  |
| Physical address   |   |         |         |               |                |                             |                        |  |
|  |   |         |         |               | Code:          |                             |                        |  |
| Contacts details   | Email:  | Mobile: |         |               |                |                             |                        |  |
|  | Fax:  |         | Tel:    |               |                |                             |                        |  |
| Employment   | Name  |         |         |               |                |                             |                        |  |
|  | Address details   |         |         |               |                |                             |                        |  |
|  |   |         |         |               |                |                             |                        |  |
|  |   |         |         |               |                | Carla                       | _                      |  |
|  | Contacts details  |         | F       |               |                | Code :<br>Mobile :<br>Tel : |                        |  |
|  |   |         | Email : |               |                |                             |                        |  |
|  |   |         | Fax :   |               |                |                             |                        |  |
| DECLARATION: I,  |   |         | the     | Indersigne    | d declare that | he felle                    | wing information conta | ained in                               |
| this form is to the best of my knowledge   | correct.  |         | נופ נ   | ander signe   |                |                             | wing mornation conta   |  |
| Signed at  |   | eof     | F       |               | 20             |                             |                        |  |
|  |   |         |         |               |                |                             |                        |  |
| Signe here/ Thumb print  |   |         |         |               |                |                             |                        |  |

PO Box 19 Tengo Court Sydenham Road Sydenham Port Elizabeth, 6001 South Africa Tel: +27(0) 81 7671 386 S +27(0) 71 7219 321

info.adm.arma@gmail.com
African Refugee and Migrants Aid
@arma\_humanitarian
@ARMAHumanitarian
African Refugee and Migrants Aid
www.armahumanitarian.org



ANNEXURE AA 3

## OFFICE USE

## VERYFICATION OF APPLICANT'S DETAILS BY OFFICIAL OF THE ORGANISATION

| Surname                          |         |         |          |        |       |
|----------------------------------|---------|---------|----------|--------|-------|
| Full names                       |         |         |          |        |       |
| Identification number            |         |         |          |        |       |
| Volunteer reference number       |         |         |          |        |       |
| Date of birth                    |         |         | Gender M |        |       |
| Country of birth                 |         |         |          |        |       |
| Nationality                      |         |         |          |        |       |
| Status in the country            | Citizen | Migrant | Refugee  | Asylum | Other |
|                                  |         |         |          | seeker |       |
| Date of joining the organisation |         |         |          |        |       |

.....

## CHECKED AND ACCEPTED BY ADMISSION STAFF MEMBER OF THE ORGANISATION

NOTE: Please after completing the interview with the client, DO NOT share the confidentiality of the member with anyone.

Name & Surname.....

Member reference numbers.....

Signature.....