

**CHILD WELFARE
Durban and District**

VOLUNTARY WORKER APPLICATION FORM

1. Personal details:

Surname: _____

Date: _____

First Names: _____

ID No: _____

Date of birth: _____

Residential Address:

Contact Telephone numbers:

Home: _____

Business: _____

Postal Address:

{Please tick the appropriate box}

2. Educational Qualification: _____

2.1. Highest level of education _____

2.2. Are you still studying?

YES

NO

If yes, what course of studies are you pursuing?

3. Work experience : Give a brief resume of your work experience and skills.

3.1. Are you working at present?

YES

NO

4. Family circumstances

4.1. Marital status _____

4.2. Do you have dependants:

YES

NO

If yes, what is your responsibility to them?

4.3. Do you have a valid driver's licence? _____

4.4. Do you have your own transport? _____

5. Motivation:

5.1. Have you been involved in volunteer work before?

5.2.

5.3. YES NO

5.4. If so, what kind of volunteer work did you engage in?

5.5. Which organisations _____

5.6. What influenced you to be a volunteer? _____

5.7. How would you most like to assist CHILD WELFARE Durban and District? _____

5.8. What times are you available?

	Mornings	Afternoons	Evenings
Weekdays			
Weekends			

5.9. How often would you be able to help?

5.10. Do you consider this to be a long term relationship?

6. Additional information:

7.

7.1. What are your hobbies / leisure activities:

7.2. Do you have any other expertise you would like to share with us?

7.3. Have you ever been involved or in contact with any welfare organisations previously?

7.4. Have you ever been involved with the police / courts?

7.5. Please furnish the names of two referees, other than family, who have known you for at least three years:

Name: _____

Relationship: _____

Address: _____

Telephone No: _____

Name: _____

Relationship: _____

Address: _____

Telephone No: _____

Thank you for taking time to complete this questionnaire. References will only be taken from the names furnished.

Signature: _____

Date: _____

All information given will be treated in the strictest confidence.

For office use only

APPLICATION PROCESSED **YES** **NO**

SPECIFY: _____

SOCIETY INDUCTION PROGRAM **YES** **NO**

Date attended: _____

DEPARTMENT ORIENTATION PROGRAM **YES** **NO**

Date attended: _____

Contract data:

Department: _____

Work: _____

Times: _____

Facilitator: _____

Date: _____