

Company Stamp



Corporate Volunteer Application

Personal Contact Information

Name & Surname	
I.D Number	
Street Address	
Town & Postcode	
Home Phone	
E-Mail Address	
Cell Number	

Company Information

Name	
Street Address	
Work Phone	
Work E-mail	
Website	

Availability

Date of intended Volunteer Day ____ / ____ / ____

One time only / Once a month / Once a quarter / Long Term (please specify period) _____

During which hours are you available for volunteer assignment?

_____ Weekday mornings
_____ Weekday afternoons
_____ Weekday evenings (Latest 16:00)

_____ Weekend mornings
_____ Weekend afternoons

Interests

Please Tick which areas you are interested in volunteering.

- Assisting with the General Care of the Children
- House Work
- Gardening
- Fundraising & Marketing
- Deliveries & Collections
- Events
- Newsletter production
- Other; Please Specify _____

Tel: (012) 384 2189
Fax: 086 638 6335
Cell: 082 522 7868

Email: tahiyya@newbeginningz.org.za
Web: www.newbeginningz.org.za

Address: 558 Bengal Street, Laudium, 0037

NPC: 017-243 | **PBO:** 930 011 817 | **Section21:** 2010/014470/08



Special Skills or Qualifications

Is there anything particular or special you or your company would like to offer us.



Person to Notify in Case of Emergency

Name	
Cell Number	
Work/Home Phone	

Agreement and Signature

By submitting this application, I confirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal and possible legal action.

Name (printed)	
Signature	
Date	

Legal Documentation

Please Attach the following Documentation for each of the participating employees

- Certified Copy of ID/Passport/Driver's License
- Certified Copy of Police Clearance (if obtained)

Our Policy

It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

We can assure you that your valuable time spent with us will be a rich and rewarding experience that you won't forget.

Please not that due to the limited capacity of our facility, we unfortunately do not allow groups bigger than 10 people at a time, unless specifically arranged with our Director Tahiyya or Program Manager Lynette.

No volunteers will be allowed to enter the Haven without a volunteer application form as well as a scheduled booking on the volunteer schedule. ALL appointments MUST be made directly with the Volunteer Program Manager.

Volunteer Program Manager – Mrs. Soraya Carelse: office@newbeginningz.org.za