

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**