

Attach Photo Here



Scholar Volunteer Application

Student Contact Information

Name & Surname	
D.O.B / I.D Number	
Age	
Home Address	
Home Phone	
Cell Phone	
E-Mail Address	
Parents Names	1. _____ 2. _____
Parents Cell Phone	1. _____ 2. _____
E-mail Address	1. _____ 2. _____

School Contact Information

School Name	
School Address	
School Contact Details	
Grade You are In	
Class Teacher	
Principal	

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekday afternoons

School Holidays: Book in ADVANCE (Please note that we cannot take Scholar Volunteers over weekends)

Interests

Tell us in which areas you are interested in volunteering.

Sorting & Packing Donations

Donation Drive, School Collection Drive, School Fundraising Initiative

Administration & Office Work

Washing, Ironing, Packing, Cooking and Cleaning

Planning & Arranging Fun in-house Activities for the Toddlers

Gardening and general cleaning

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



Other Volunteer Activities: Please Specify _____

Special Skills or Qualifications

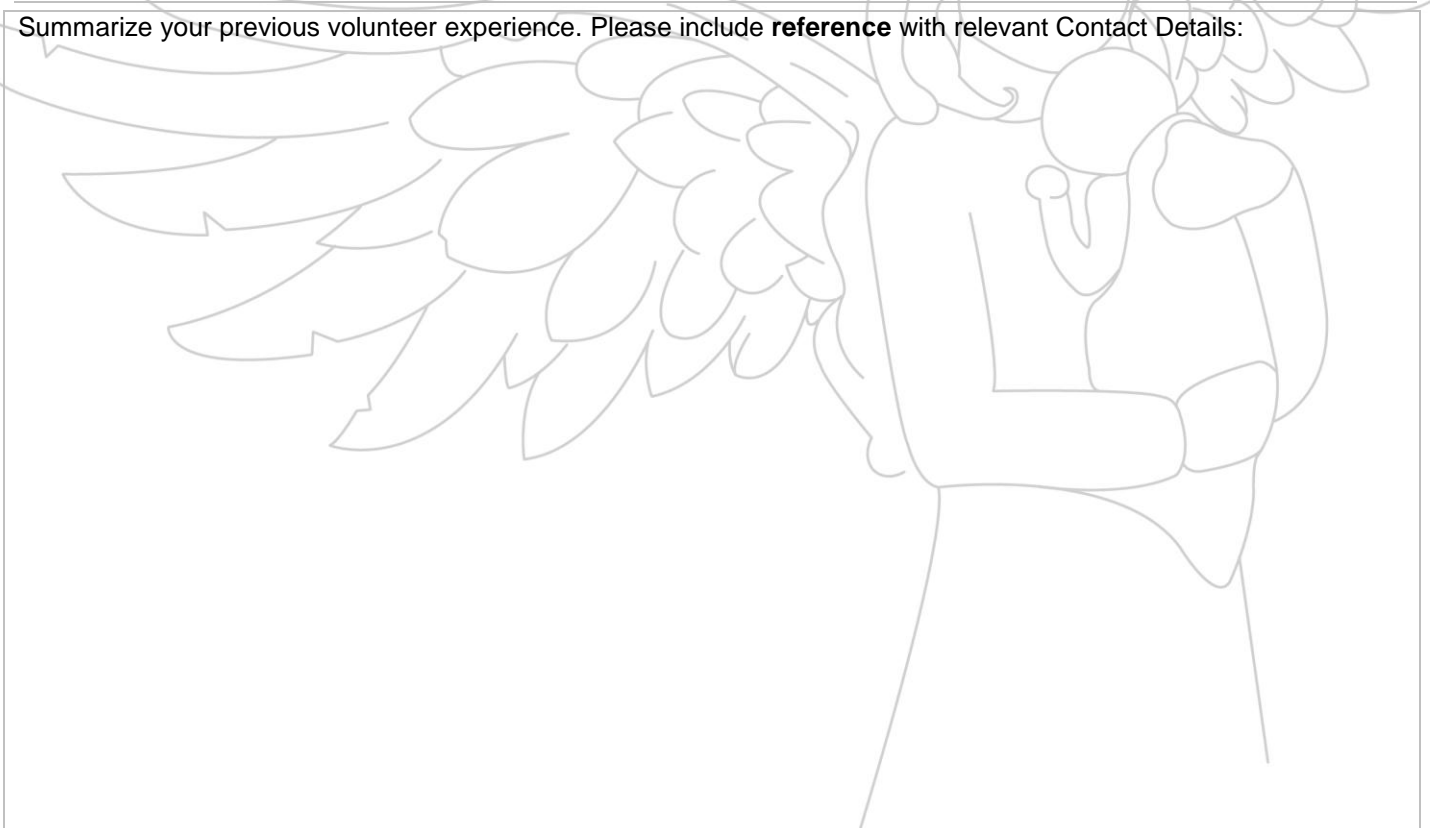
Summarize special skills and qualifications you have acquired from school, previous volunteer work, or through other activities, including hobbies or sports.



A large, decorative background graphic featuring a stylized pink letter 'L' in the upper right corner and a line-art illustration of an angel with large, feathered wings and a halo, positioned in the lower right. The angel is shown from the waist up, with its hands near its face in a thoughtful or prayerful pose.

Previous Volunteer Experience

Summarize your previous volunteer experience. Please include **reference** with relevant Contact Details:



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Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
Home Phone	
Work Phone	
Cell Number	

Required Volunteer Hours and/or Activities (specified School)

Total Hours to be spent with us	Specific Activities
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Details of Appointed Teacher / Social Worker / Court Official

Please provide details of person responsible for your placement with us OR the person whom we need to report to in terms of your volunteer activities and personal conduct.

Institution	
Contact Person Name & Surname	
Capacity	
Contact Details	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I hereby agree to uphold the Vision and Mission of New BeginningZ, to abide by all rules and regulations and promise to fulfill my duties honorably. 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.

Please note that due to the fact that there aren't any management staff on the premises over weekends, therefore no supervision for scholar volunteers, we cannot accommodate scholars over weekends. The safety of our own children and the safety of scholar volunteers are of utmost importance to us.

Name of Applicant (printed)	
Signature	
Date	
Name of Teacher /Parent /Lecturer	
Signature	
Date	

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.

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 well in advance. Holiday Applications are to be submitted at least 6 weeks before commencement.

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

Hope to See You Soon!

Volunteer Program Manager – Mrs. Soraya Carelse