

Attach Photo Here



Student 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 Phones	1.	2.
E-mail Address	1.	2.

University / College / Technicon Contact Information

Institution Name	
Institution Address	
Institution Contact Details	
Course / Degree	
Year	
Lecturer / HOD	
Contact Details	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings(Latest until 16:00) Weekend evenings (Latest until 16:00)

Interests

Tell us in which areas you are interested in volunteering.

- Stimulating & Playing with the Children
 Sorting & Packing Donations
 Organizing Special Events & Fundraisers
 Administration & Office Work
 Washing, Ironing, Packing, Cooking & Cleaning
 Therapy Program Assistance
 Newsletter production
 Other Volunteer Activities: 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

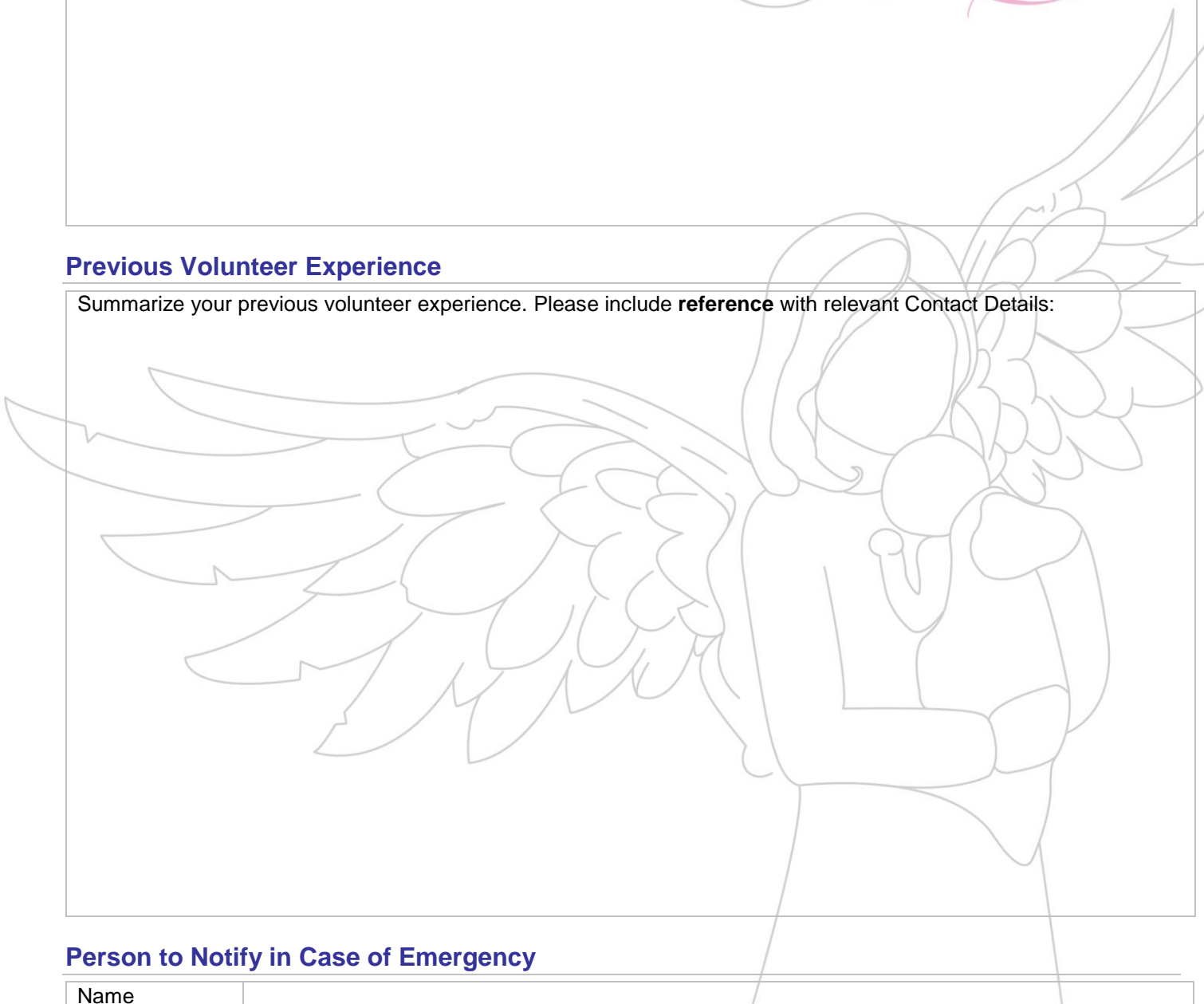
Summarize special skills and qualifications you have acquired from school, previous volunteer work, or through other activities, including hobbies or sports.



[Empty text box for Special Skills or Qualifications]

Previous Volunteer Experience

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



[Empty text box for Previous Volunteer Experience]

Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
Home Phone	
Work Phone	
Cell Number	

Required Volunteer Hours and/or Activities (if specified by University / Court)

Total Hours to be spent with us	Specific Activities
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Details of Appointed Teacher / Lecturer / 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 our 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.

Name of Applicant (printed)	
Signature	
Date	
Name of Council /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.

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: office@newbeginningz.org.za

