



ADULT VOLUNTEER APPLICATION FORM

Full Name:	
ID Number:	
Home Address:	
Home Telephone No:	Mobile Telephone No:
E-mail Address:	
Occupation:	
Employer:	Work No:

<p>Please tell us what skills, knowledge and experience you can bring to the volunteering role:</p>
<p>If you belong to any other associations or volunteer groups, please name them and tell us your role:</p>

<p>Do you have any special requirements that we need to consider to help you to carry out your role as a volunteer e.g. vegetarian?</p>
<p>Do you have a driving licence? What type of licence? Do you have use of a vehicle? How many people can it legally seat?</p>
<p>Your availability:</p>

REFERENCES

We require two references from people who have known you for at least 12 months. Please provide the names and addresses in the spaces below.

A reference can from an employer, previous employer, a teacher/tutor, a minister of religion, voluntary group leader, friend or any person that has known you for the required period. They MUST NOT be a relative or a person with whom you live or share accommodation with.

Name:	Name:
Relationship to You?	Relationship to You?
Their Occupation:	Occupation:
Their landline (home or work):	Their landline (home or work):

DECLARATION

1. Have you been convicted or fined for a sex or family abuse crime? _____
2. Do you agree to inform Love Knysna Projects should you be convicted of any sex or family abuse crime in the future? _____ (write "yes")
3. Do you have any health problems that you think it would be helpful for us to know about?

If yes, please give details:

I want to offer my assistance as a volunteer for Love Knysna Projects. I confirm that the information provided on this form is correct to the best of my knowledge.

Full Name:

Signed:

Dated:

INCLUDE COPY OF YOUR IDENTITY DOCUMENT PLEASE