



Home of Hope
A brighter future for every child

WWW.HOMEOFHOPE.CO.ZA

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Volunteer Application Form

Please note that all our volunteers are screened to ensure the safety of our children.

This screening process includes the following:

- Completed application form
- Completed indemnity form
- Police clearance and enquiry to Child Protection Register
- Reference check
- Interview

Please tick each of the above boxes and sign and date as an indication of your agreement to our screening process

Name

Signature

Date



3 Fairbridge Road, Tableview, Cape Town, 7441



info@homeofhope.co.za



+27 21 556 3573



+27 21 557 3720

Banking Details: Home of Hope – Standard Bank Bayside, Branch Code 022209, Cheque Account: 272800988, Swift Code SBZAJJ

Home of Hope is a registered Non-Profit Organisation with registration number 050-226-NPO and a registered Public Benefit Organisation with registration number 930022887

Please take note of the following:

1. The fact that our children in this organisation could have been or are exposed to the HIV-virus, are HIV-positive or have Aids.
2. Should you wish to assist with the children please apply for a police clearance certificate as the children in our care are the wards of the state.
3. It is not always possible for us to accommodate all volunteers who wish to work with the children and often require assistance in other areas that effectively assist to care for the children and wish to request that you will consider assisting us in these areas.
4. All people working with children in Home of Hope must be trained on the Child Protection Policy.

I hereby confirm that I have taken note of the above and am aware of the possibilities; I also confirm that the information supplied by me on this application form is correct and true.

Signature: _____ Date: _____

COMPLETE DOCUMENT IN PRINT

Name & Surname	
ID Number <i>Please attach copy of ID</i>	
Address	
Contact Numbers	(H) (W) (C)
Job Title Work place	_____
Email	
Drivers License?	Yes <input type="checkbox"/> No <input type="checkbox"/> Car Registration Number:
Marital Status <i>Please attach copy of certificate</i>	Married <input type="checkbox"/> Remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Single <input type="checkbox"/>
Spouse's Name & Surname	
Spouse's ID <i>Please attach copy of ID</i>	
Spouse's contact numbers	(H) (W) (C)
Spouse's Job Title Work Place	_____
Religion	_____
Place of Worship	_____
Contact Number	_____
Involvement	

Own children	<table border="0"> <tr><td>_____</td><td>Age _____</td><td>School _____</td></tr> <tr><td>_____</td><td>Age _____</td><td>School _____</td></tr> <tr><td>_____</td><td>Age _____</td><td>School _____</td></tr> <tr><td>_____</td><td>Age _____</td><td>School _____</td></tr> <tr><td>_____</td><td>Age _____</td><td>School _____</td></tr> </table>	_____	Age _____	School _____	_____	Age _____	School _____	_____	Age _____	School _____	_____	Age _____	School _____	_____	Age _____	School _____
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Please describe your relationship with your children																
Family doctor (GP)	<table border="0"> <tr> <td data-bbox="384 483 826 557">Name</td> <td data-bbox="826 483 1487 557">Contact #</td> </tr> </table>	Name	Contact #													
Name	Contact #															
Are you or any member of your family receiving medication for psychiatric illnesses?	Who? _____ Reason: _____ Medication: _____															
Any pets at home?																
Please list 3 References (No family members)	<table border="0"> <tr> <td data-bbox="384 808 699 882">_____</td> <td data-bbox="699 808 1098 882">Relationship _____</td> <td data-bbox="1098 808 1487 882">Contact _____</td> </tr> <tr> <td data-bbox="384 882 699 956">_____</td> <td data-bbox="699 882 1098 956">Relationship _____</td> <td data-bbox="1098 882 1487 956">Contact _____</td> </tr> <tr> <td data-bbox="384 956 699 1030">_____</td> <td data-bbox="699 956 1098 1030">Relationship _____</td> <td data-bbox="1098 956 1487 1030">Contact _____</td> </tr> </table>	_____	Relationship _____	Contact _____	_____	Relationship _____	Contact _____	_____	Relationship _____	Contact _____						
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_____	Relationship _____	Contact _____														
_____	Relationship _____	Contact _____														
Special interests and hobbies																
Previous volunteering experiences																
Availability for volunteering (Days and times)	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____															

What would you be willing to help with: (please indicate)

- | | | | |
|--|--------------------------|-------------------------------|--------------------------|
| Assisting at Amathemba School | <input type="checkbox"/> | Assisting at Anselm Care Farm | <input type="checkbox"/> |
| Working with children in our Childrens' Home | <input type="checkbox"/> | Sports Coaching | <input type="checkbox"/> |
| Assisting at fundraising events | <input type="checkbox"/> | Weekend outings with children | <input type="checkbox"/> |
| Sourcing international sponsorship | <input type="checkbox"/> | Assisting at our Charity Shop | <input type="checkbox"/> |
| DIY (handyman tasks) | <input type="checkbox"/> | Ad hoc admin & IT support | <input type="checkbox"/> |

Other: _____

Please describe your reasons and motivations for wanting to volunteer at Home of Hope:

Please provide any information of any traumatic event which you have experienced.

Scholars: Please provide (3) written references from your teacher, principal, pastor or family doctor on your character and your ability to work with children. They must also provide contact details on the reference.

Thank you!