



Vision Afrika
118a Masithandane Street
Kayamandi | Stellenbosch | South-Africa | 7600
Tel: +27 (0)21 889 8774 Cell +27 (0) 82 9278512
E-mail: Gerrit@visionafrika.com
www.visionafrika.com
NPO number: 035 766
Tax exemption reference number: 930 023 873

Local Volunteer Application Form

Section 1: Personal Information

Surname: (Dr / Mr / Mrs / Ms) _____

First Name: _____

Address: _____

City: _____

Code: _____

Phone number: _____

Email address: _____

Date of birth: _____

ID number: _____

Level of Education: _____

Focus of Education: _____

Present occupation: _____

Languages spoken: _____

Emergency contact phone number: _____

Relationship with emergency contact: _____

Do you have any health conditions or allergies that may interfere with or limit your ability to fulfill your volunteer commitments? Please explain.



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Section 2: Volunteer Interests

How did you learn about Vision Afrika? _____

Why do you want to volunteer with Vision Afrika? _____

Which volunteer positions are you most interested in:

- Crèche Aftercare Tutoring
 Vineyard foster care Program facilitation IT assistance
 Volunteer coordinator Other: _____

How many hours per week are you able to commit to volunteering with Vision Afrika?

How long a commitment are you able to make? _____

Some of our children are HIV positive. We will provide you with information on HIV transmission. Do you have any objections or concerns about working with children who are HIV positive? If yes, please outline your concerns so we may discuss them with you further.

Are you comfortable driving to, and working in, informal settlements/townships without a travel companion?

What are your hobbies and interests? _____

What are your formal qualifications, training and/or work experience?



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Have you done voluntary work before? If so, please give details:

Do you have a criminal record? If yes, for what reason? _____

Section 3: Declarations

I understand that I will be responsible for arranging and paying for my own transportation, health insurance, medical care, housing and living expenses. _____ (*please initial*)

I understand that I may be required to submit to an official police clearance and/or criminal background check at my own expense prior to beginning my volunteer assignment. I realize that my acceptance as a volunteer depends upon my having no criminal history involving children. _____ (*please initial*)

I have read and understood the information contained in this application form and the Vision K Volunteer Policy document. I acknowledge I am applying to volunteer with Vision K without any expectation of payment or reimbursement of expenses. _____ (*please initial*)

Signature: _____

Print Name: _____

Date: _____/_____/_____