



Dear Applicant,

Thank for donating your time to The Friends of the Children's Hospital Association (FOCHA) as a volunteer at Red Cross War Memorial Children's Hospital.

Please complete the application form below and submit to the FOCHA office – by hand or email. ALL applicants need to submit **1 page CV, a copy of their Identification document/Passport, two references, a letter of motivation (stating why you would like to volunteer), and a police clearance or proof of application (over 18 years). All students need to submit a copy of their student card and a reference letter from their educational institution.** All applicants **must** to be 16 years or older to qualify for our volunteer program.

Due to the nature of work the applicant will be doing as a volunteer, we ask ALL volunteers for references. Please attach the names, addresses, contact numbers and email addresses to your reference letters. Please note that your references need to be two of the following: present/past employer, a lecturer, teacher, pastor or friend. **NOT a FAMILY MEMBER.**

Once screened, the applicant will be notified as to a date and time at which to attend one of our compulsory monthly orientation sessions.

Again, we thank you for availing yourself to benefit the patients of the Red Cross War Memorial Children's Hospital. We look forward to having you on board.

**For more info contact: Naomi Pedro-Pekur**

Volunteer Administrator

Direct Line: +27 (0)21 658 5243 • 021 685 0742

Email: [admin@focha.co.za](mailto:admin@focha.co.za)

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**Please complete ALL the sections below!**

**Note: SECTION D is ONLY school going STUDENTS! /under 18 years**

### SECTION A: PERSONAL DETAILS

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Are there any medical conditions we should be aware of?

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Are you on any medication we need to be aware of?

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### SECTION B: VOLUNTEERING FOR THE FRIENDS

How did you hear about FOCHA?

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Which days of the week would you like to volunteer with us?

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When would you like to start volunteering (please specify the day and date)?

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### SECTION C: ADDITIONAL INFORMATION

Language Skills: \_\_\_\_\_

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Current Employment: \_\_\_\_\_

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Previous Employment: \_\_\_\_\_

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Education and qualifications: \_\_\_\_\_

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Skill and personal qualities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests and hobbies: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ (name & surname) furthermore acknowledge and understand the following:

- The services and/or assistance which I render at the Red Cross War Memorial Children's Hospital will be on a voluntary basis.
- No **Remuneration in cash or kind** will be provided to me for the services which I will render
- I accept that my volunteer services do not make me an employee of the Red Cross War Memorial Children's Hospital or the Provincial Administration of the Western Cape. Accordingly, I am not entitled to any benefits available to employees of the above mentioned institutions.

Applicant's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

## **SECTION D: DECLARATION OF INDEMNITY**

**SCHOOL STUDENTS ONLY (Under 18)**

I, the undersigned: \_\_\_\_\_

Residing at: (address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hereby confirm my voluntary services at the Red Cross War Memorial Children's Hospital starting on the following date:

\_\_\_\_\_

I furthermore acknowledge and understand the following:

- The services and/or assistance which I render at the Red Cross War Memorial Children's Hospital will be on a voluntary basis.
- No **Remuneration in cash or kind** will be provided to me for the services which I will render
- I accept that my volunteer services do not make me an employee of the Red Cross War Memorial Children's Hospital or the Provincial Administration of the Western Cape. Accordingly, I am not entitled to any benefits available to employees of the above mentioned institutions.

In addition, I hereby formally indemnify the Red Cross War Memorial Children's Hospital, the Provincial Administration of the Western Cape and the Friends of the Children's Hospital Association against all liability for any act and/or omission on my part, which causes damage or loss or injury or death to any person while performing my volunteer duties at the Red Cross War Memorial Children's Hospital.

**Applicant's signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Applicant's Parent/Guardian:**

**Name & Surname:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

***Official in charge of the department where the above mentioned will be performing his/her duty:***

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_