

VOLUNTEER REGISTRATION FORM

PERSONAL DETAILS

TITLE : ☐ MR ☐ MRS ☐ Ms ☐ MISS ☐ OTHER _____

FIRST NAME (S): _____ SURNAME _____

EMAIL: _____

CONTACT ADDRESS: _____

(POSTAL) _____

POSTAL CODE: _____

CONTACT NUMBERS MOBILE: _____ WORK: _____

HOME: _____

VOLUNTEERING FOR TEARS

If you know what role or type of volunteering you would like to do, please give us details:

AVAILABILITY

How regularly do you wish to volunteer?

☐

Monthly

☐

Fortnightly

☐

Weekly

☒

More Often

When would you be available to start volunteering?

___ Immidatley _____

Please tick the hours you are available to volunteer.

| | AM | PM | EVENING |
|-------|----|----|---------|
| Mon | | | |
| Tues | | | |
| Wed | | | |
| Thurs | | | |
| Fri | | | |
| Sat | | | |
| Sun | | | |

ADDITIONAL INFORMATION

Are you under 18?

☐

YES

☐

NO

If yes please give us your date of birth

Do you currently have a valid driver's license?

☐

YES

☐

NO

If yes, do you have the use of a car?

☐

YES

☐

NO

CRIMINAL CHECK RECORD

PLEASE NOTE: For some roles where there will be contact with vulnerable groups or people we may need to do criminal record checks.

If you have any of the questions about your own situation and would like to discuss this in person, please contact us.

ABOUT YOU

What interests, skills and experience could you bring to *TEARS*?

Please give us examples from your home or work life and tell us why you want to volunteer?

VOLUNTEERS WITH DISABILITES

We welcome applications from volunteers with disabilities. Do you have any special requirements/health issues that you would like to tell us about or that may have an impact on any activity you may do?

REFERENCES

Please give us two references. Both should know you well and for a minimum period of one year. No family members will be accepted. We will only contact them if you are accepted as a volunteer to TEARS.

Referee One

Name: _____

Address: _____

Telephone: _____

Cell: _____

How do you know this person?

How long have you known this person? _____

Referee One

Name: _____

Address: _____

Telephone: _____

Cell: _____

How do you know this person?

How long have you known this person? _____

DATA PROTECTION ACT

Your personal details will be treated as confidential and kept for no longer than necessary. If you are accepted as a volunteer the information you have provided on this volunteer registration and monitoring information form will become part of your volunteer records which will be used to plan and record your practical involvement as a volunteer.

Would you like to be contacted with information about fundraising events and volunteering activities other than the one you have applied for? If yes, please tick one of the boxes below if you are happy to be contacted by:

☐

Phone

☐

Post

☐

SMS

☐

Email

I am aware that the information I have provided will be treated confidentially and consent to it being used and stored in the capacity stated?

Signature: _____

Date: _____

STATUS

| | |
|----------------------|--------------------------|
| In education | <input type="checkbox"/> |
| Permanently employed | <input type="checkbox"/> |
| Temporarily employed | <input type="checkbox"/> |
| Unemployed | <input type="checkbox"/> |
| Retired | <input type="checkbox"/> |

| | |
|---|--------------------------|
| Stay at home (Housewife/House Husband) | <input type="checkbox"/> |
| Out of work due to sickness or disability | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| (Please specify) | _____ |

Please return completed form to:

Fax: 086 520 0316

E-mail admin@tears.co.za
info@tears.co.za

Post: Post Net Suite
414
Private Bag X9
Benmore
2010
Gauteng

THANK YOU

“Unless someone like you cares a whole awful lot, nothing is going to get better, it’s not.” Dr Seuss

| OFFICE USE ONLY | |
|-----------------|--|
| Date received: | |
| Received By: | |
| Processed By: | |

| | |
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| Date processed: | |
| Notes: | |
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