



# Volunteer Application

Please fill out the following form. In order to submit the application, please email it to [awareness@nkosinathifoundation.org](mailto:awareness@nkosinathifoundation.org), or fill out online, or print and fax it through to 041 484 3430.

If you have any questions or queries please do not hesitate to contact us at, 041 487 1150 or email us at [awareness@nkosinathifoundation.org](mailto:awareness@nkosinathifoundation.org).

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## 1. Personal Information (Please print or type)

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Surname First Name

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Address Apt. #

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City Province Zipcode

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Email Address Do you wish to receive Nkosinathi Foundation email updates, and/or our quarterly newsletter?  Yes

No

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Cellphone Business Phone/Other

## Emergency Contact:

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Name Relationship Phone Number

## 2. Education and Experience/Interests

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High School Attended Matriculated  Yes  No

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University/College Attended & Qualification Received

Have you ever worked with people with disabilities?  Yes  No      Volunteered?  Yes  No

Please Explain: \_\_\_\_\_

Are you licensed/certified in?  First Aid  CPR  Water Safety

Please describe your hobbies, interests, special skills or training: \_\_\_\_\_

### 3. Volunteer Availability

Please state the times that you are available: Day(s) \_\_\_\_\_

Hours \_\_\_\_\_

If you would like to work directly with students and clients, please mark the preferred age group:

Young Children       Adolescent       Adults       The Elderly

Are you available to volunteer for:  Once off events     3 months     6 months     one year

Please indicate your areas of interest in order of priority, 1-3.

\_\_\_\_\_ Transportation of clients

\_\_\_\_\_ Graphic Design/Video Editing

\_\_\_\_\_ Companion/ Visitation/Reader

\_\_\_\_\_ English as a Second Language Tutor

\_\_\_\_\_ Preschool Programme Aid

\_\_\_\_\_ Occupational Therapy(ist)

\_\_\_\_\_ On Call/Special & Once Off Events

\_\_\_\_\_ Arts & Crafts Facilitator

\_\_\_\_\_ Photography

\_\_\_\_\_ Sports/Recreation/Physical Therapy Aid/Conductor

### 4. Personal References

Please list name, address, and telephone number of two character references, not including relatives:

1. \_\_\_\_\_

2. \_\_\_\_\_

I attest that all the above information is correct and accurate. I consent to Nkosinathi Foundation contacting the above individuals

\_\_\_\_\_  
Signature

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