



Home of Hope
A brighter future for every child

WWW.HOMEOFHOPE.CO.ZA

www.facebook.com/HomeofHopeCT

[@HomeofHopeCT](https://twitter.com/HomeofHopeCT)

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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Age</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">School</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Age</td> <td style="border-bottom: 1px solid black; text-align: center;">School</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Age</td> <td style="border-bottom: 1px solid black; text-align: center;">School</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Age</td> <td style="border-bottom: 1px solid black; text-align: center;">School</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Age</td> <td style="border-bottom: 1px solid black; text-align: center;">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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Name</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">Contact #</td> </tr> </table>	Name	Contact #												
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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" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 35%; border-bottom: 1px solid black; text-align: center;">Relationship</td> <td style="width: 35%; border-bottom: 1px solid black; text-align: center;">Contact</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">Relationship</td> <td style="border-bottom: 1px solid black; text-align: center;">Contact</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">Relationship</td> <td style="border-bottom: 1px solid black; text-align: center;">Contact</td> </tr> </table>		Relationship	Contact		Relationship	Contact		Relationship	Contact					
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Special interests and hobbies															
Previous volunteering experiences															
Availability for volunteering (Days and times)	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Monday</td> <td style="border-bottom: 1px solid black; width: 80%;"></td> </tr> <tr> <td>Tuesday</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Wednesday</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Thursday</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Friday</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Saturday</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Sunday</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
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Friday															
Saturday															
Sunday															

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

- | | | | |
|--|--------------------------|--|--------------------------|
| Assisting at Amathemba School | <input type="checkbox"/> | Assisting at SunHome Care Farm | <input type="checkbox"/> |
| Helping with fundraising in the office | <input type="checkbox"/> | Working with children in our Childrens' Home | <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"/> |
| Helping to sort out clothing in our storage room | <input type="checkbox"/> | DIY (handyman tasks) | <input type="checkbox"/> |
| Ad hoc admin & IT support | <input type="checkbox"/> | Sports Coaching | <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!