



# VOLUNTEER APPLICATION FORM

CONTACT INFORMATION			
<b>Full Name:</b>		<b>Title:</b>	
<b>ID Number:</b>			
<b>Postal Address:</b>			
<b>Residential address:</b>			
<b>Home Phone Nr:</b>		<b>Emergency contact name:</b>	
<b>Work Phone Nr:</b>		<b>Emergency contact nr:</b>	
<b>Cell Nr:</b>			
<b>E-mail Address:</b>			
<b>Do you hold a valid driver's license?</b>			
GENERAL INFORMATION			
<b>Occupation:</b>		<b>Date of Birth:</b>	
<b>Age:</b>		<b>Gender:</b>	
<b>Which languages do you speak?</b>			
<b>Why are you interested in volunteering for the EPIC Foundation?</b>			
<b>What skills or qualifications do you have as a volunteer.</b>			
<b>Which of our projects do you want to be involved with?</b>	Comfort Pack Project		Step Up Project
	Fairy Godmother Project		Counselling services
	Legal services		Travelling for collections/deliveries
	Other – specify		

**PREVIOUS VOLUNTARY WORK:****Have you worked as a volunteer before? If so, what did you do?**

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**AVAILABILITY****Saturdays mornings  
(09:00 to 13:00):**

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**Wednesday afternoons  
(14:00 to 16:30)**

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**Available to do  
deliveries/collections –  
if so please note which  
areas in Gauteng and  
days/times of  
availability:**

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**REFERENCE (Please list one personal or professional reference.)****Name:**

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**Phone Nr:**

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**Relation:**

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**Name:**

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**Phone Nr:**

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**Relation:**

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**COPY OF ID****All applicants, please enclose a photocopy of your ID.****AGREEMENT AND SIGNATURE**

*By submitting this application I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misinterpretations made by me on this application may result in immediate dismissal.*

**Applicant's Signature:** \_\_\_\_\_**Guardian's Signature (if applicant is under 18):** \_\_\_\_\_**Signed (day/month/year)** \_\_\_\_\_**Witness:** \_\_\_\_\_

- **Please note that volunteers do not receive funds for their time.**
- **It is essential that you complete this form in full and return it to the EPIC Foundation.**

Completed form to be sent to : [info@epicfoundation.org.za](mailto:info@epicfoundation.org.za) or faxed to 011 209 4176