

VOLUNTEER APPLICATION FORM

2012 / 2013

Please send the completed application form by email to firechildren@icon.co.za
or fax it to 011 482 4258

Only successful applicants will be called for an interview

Smokers and tobacco product users need not apply.

Those on schedule 5, 6, or 7 medicines need to be open before starting to volunteer,
about any psychological conditions and addictions

PERSONAL INFORMATION

First name and Surname: _____

Date of birth: _____

ID/Passport number: _____

Yellow Fever certificate _____ Hep B vaccinations _____

Nationality: _____

Marital status: _____ No. of children: _____

Residential address: _____

Home telephone no.: (____) _____ Work telephone no.: (____) _____

Cell phone no.: _____ E-mail: _____

Do you have a drivers licence?: _____ Do you have your own transport?: _____

Have you been involved in any vehicle accidents? _____

Home language: _____ Other language (s): _____

Highest Level of Education: _____

Are you currently employed?: _____

If yes, name of company and your position: _____

How long have you been working for the above company?: _____

May we contact you at work?: _____

Do you have a criminal record? _____

Do you have a police clearance certificate? _____

Do you have a disability or illness that affects your ability to volunteer? _____

What are your hobbies: _____

Please supply the details of two referees that we can contact:

1.) Name: _____ Relationship: _____

Work telephone no.: _____ Cell phone no.: _____

Email address: _____

2.) Name: _____ Relationship: _____

Work telephone no.: _____ Cell phone no.: _____

Email address: _____

Please complete the following questions:

How long will you commit yourself to being a volunteer? _____

At what times are you available (please tick):

Mon morning		Mon afternoon	
Tues morning		Tues afternoon	
Wed morning		Wed afternoon	
Thur morning		Thur afternoon	
Fri morning		Fri afternoon	
Sat morning		Sat afternoon	
Sun morning		Sun afternoon	

Do you have any volunteer experience (other charity, Mosque/Church/Temple etc)? If yes, please specify:

Have you experienced the death of a loved one?

YES	NO
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If yes, how long ago ?

Have you worked with children before? If yes, please give details:

Have you read our website www.firechildren.org

Which area would you like to get involved with?

Transporting children to/from hospital	
Tutoring while in hospital queue and/or while in hospital	
English reading, comprehension, literacy tutoring	
Mathematics tuition grades R to 3	
Mathematics tuition grade 4 to 7	
Disaster Relief and Management	
Squatter camp literacy scheme (Sunday mornings)	
Assisting with Administration in the office	
Assisting with Fundraising admin and events	
Cooking supper and teaching recipe reading	

Fitness training for children, swimming, running	
Psychological counselling (long term commitment)	
Art therapy / arts and crafts classes	
French reading, comprehension, language classes	
Sewing, crochet, knitting classes (provide materials)	
Vegetable and herb growing gardening classes	
First Aid classes for children and carers	
Heritage Week meal preparation (5 meals September)	
Piano, guitar, singing lessons from experienced teachers	
Africa my Continent Week meal preparation (March/April)	
Medical research (5 th year Med students, qualified doctors, qualified occupational therapists)	
Occupational therapy splint-making and pressure garment making	
Media – newsletter layout in Publisher, article writing	
Media /Drama – safety play writing and acting	
Media law, research	
Human Rights Law research, local and international	
Medical law research and hand surgery cases	
Rural upliftment in Drakensberg, fruit growing	
Rural upliftment in Drakensberg, jam making	
Surgical outreach missions – 10 days operating	
OTs, anaesthetists for surgical outreach – 10 days	
Paramedics for hiking expeditions – one week	
Ethiopian mountain climbing – extensive planning, training and specific fundraising needed	

Why do you want to volunteer for Children of Fire?

What skills do you have that could benefit Children of Fire?

What would you like to gain from working for Children of Fire?

What is/are your ambitions?

Do you understand that you will not get paid for working as a volunteer?

Please complete the following questions to the best of your ability:

1. How do you cope with stress? _____

2. How do you respond to supervision of and feedback about your work?

Please complete the sentence based on your views and values (sourced partially from Reach for a Dream):

1. I am proud of _____

2. My greatest shortcoming/weakness is

3. I am good at _____

4. My mother _____

5. I regret _____

6. The most important person in my life is _____

7. My father _____

8. I get angry when _____

9. Children _____

10. Life threatening illness _____

11. Therapy _____

12. When I feel exhausted _____

13. Being alone _____

14. My expectations _____

15. I struggle _____

I, _____ acknowledge that all information in this application is true and accurate .

I have not been convicted of a sexual offence against a child or a person who is mentally disabled as stipulated in Chapter 6 of the Sexual Offences and other related matters Act 32 of 2007, nor are there any allegations that I have committed such offence in South Africa or in any other country.

Signature

Name in print

Date