

Volunteer Application

Date: _____

Title: _____

Surname: _____

Name: _____

ID number: _____

Age: _____

Address: _____

Telephone numbers: (h) _____ (w) _____ (Mobile) _____

E-Mail: _____

Drivers licence: _____ Own transport? _____

Marital status: _____

Children: _____ Number of children: _____ Their ages: _____

Qualifications: _____

Languages: _____

Hobbies and skills: _____

Are you employed or unemployed? _____

Present/previous employer: _____

Occupation: _____

Have you had any previous experience as a volunteer? _____

If yes, give details: _____

How much time do you want to offer? _____

What type of task would you like to be considered for?

- | | |
|--|--|
| <input type="checkbox"/> Reception/switchboard | <input type="checkbox"/> Fundraising events |
| <input type="checkbox"/> Data capturing | <input type="checkbox"/> Blood pressure screenings |
| <input type="checkbox"/> Admin/secretarial | <input type="checkbox"/> Scientific/medical |
| <input type="checkbox"/> Printing/collating | <input type="checkbox"/> Red Hearts/collections/counting |
| <input type="checkbox"/> Other: _____ | |



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For more information visit www.heartfoundation.co.za or contact the
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