

VOLUNTEER APPLICATION FORM

THANK YOU for your interest in volunteering with Sibongile Day & Night Care Centre!

At Sibongile our aim is to provide quality physical, emotional and spiritual care to children with cerebral palsy, and our volunteers play an important role in helping us to meet this goal.

Sibongile currently cares for 24 children across two home facilities. Both houses are staffed by extraordinary women from the local community who care for the children while also cooking, washing and cleaning the homes. They are BUSY and the kids LOVE attention so we are always seeking more hands to perform God's work!

As you can imagine our children are emotionally and physically vulnerable – they are disabled, many have been abandoned and some are infected with HIV AIDS. For this reason it is very important for us to find the right volunteers for our homes. To help us in this regard we ask that you please read through the attached Volunteer Policy and provide us with some personal details below and overleaf (for legibility please use PRINT or BLOCK LETTERS) so we can ensure Sibongile is the best fit for both you and our children.

SECTION 1 | PERSONAL DETAILS

First Name: _____ Title: Mr / Mrs / Ms / Miss

Surname: _____

Date Of Birth: ____ / ____ / ____ ID/Passport Number: _____

Nationality: _____

Marital Status: _____ Dependents: _____

Physical Address: _____

Email: _____

Home Telephone: _____ Cell Number: _____

Languages: _____

Emergency Contact 1: _____ Relationship: _____

Day Time Contact: _____ Cell Number: _____

Emergency Contact 2: _____ Relationship: _____

Day Time Contact: _____ Cell Number: _____

SECTION 2 | APPLICATION DETAILS

a) Our children have a variety of needs. Which area of volunteering do you think you are best suited to?

- Helping the children learn to read, write and count.
- Arts and crafts.
- Story telling.
- Song and dance.
- Lunch time feeding.
- Physiotherapy, massage and stretching.
- Speech development.
- Outdoor activities and outings.
- Prayer and worship.
- Home maintenance.
- Other: _____

b) In what area are your formal qualifications, training and/or work experience?

c) How did you hear about Sibongile and what interests you about volunteering with us?

d) Have you had any previous volunteer experience? If yes, how would you describe your experience?

e) Our children are disabled; most can not walk or talk. Have you had experience dealing with persons with a disability?

f) What is your current occupation? If travelling, or in South Africa as a missionary, please provide details of your host organisation/church and intended duration of stay.

g) How many hours per week are you able to commit to Sibongile and for what duration? Please provide your preferences or restrictions with regard to days and hours.

h) Do you have your own transport to get to Sibongile? If yes, please complete the below information:

Drivers Licence Number: _____ Country of Issue: _____

Make / Model / Registration Plate Number: _____

Are you comfortable driving into the Cape Flats area without a travel companion? Yes No

i) Working with disabled children can be physically demanding. Do you have any pre existing injuries or illnesses that we should be aware of or which may be irritated by volunteering with Sibongile? Please specify in full.

SECTION 3 I DECLARATION

I have read and understood the information contained in this Application Form and the Sibongile Volunteer Policy document, particularly with regard to the information provided on the HIV status of the children and I accept Sibongile will take no liability for the transmission of communicable diseases. I acknowledge I am applying to volunteer with Sibongile without any expectation of payment. I understand Sibongile is a Christian organisation and that daily prayer and worship will take place within the homes.

Signed: _____ Print Name: _____

Date: ____/____/____ Witness Name & Signature: _____

THANK YOU for taking the time to complete this application. Please return WITH photocopies of **ID or Passport** and **Police Clearance Certificate or Background Check** to **Marco Spalke, 99 Villa D'Algarve, Baden Powell Drive, MUIZENBERG Cape Town 7945, South Africa**; fax **+27 86 666 0809** or email to **info@sibongile.org**.