

GM FOUNDATION

APPLICATION FORM

MINIMUM REQUIREMENTS BEFORE COMPLETING THIS APPLICATION:

- a) Minimum age for volunteering is **21 years of age**.
- b) **Minimum period of 12 weeks**.
- c) Must commit to at least **1 hour per week on pre-determined week day**.
- d) Have a **valid driver's license and OWN transport it's a plus**.
- e) Self-support – voluntary work does not entail any financial support.
- f) We would strongly recommend that you have past experience **in the work you will be doing**.

If you meet the above requirements, we invite you to complete the volunteer application form. Once completed please email the application plus the below documents to info@gmfoundation.org.za

1. **Application form** – Please complete AND enclose a copy of your resume/CV.
 2. **Photograph** – please enclose/email a passport size photograph of yourself.
 3. **Personal profile**
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GM FOUNDATION VOLUNTEER APPLICATION

PERSONAL DETAILS:

Name: _____ Surname: _____

Postal address: _____

Telephone: Home: _____ Cell: _____

E-mail address: _____

ID number: _____

Age: _____ Birthdate: __/__/__

Gender (circle): Male / Female

Marital Status (circle): Single / Married / Separated / Divorced / Widowed

Citizenship: _____

Home town: _____

Languages spoken and written: _____

CHILDREN: (Names, Birthdate, Gender, School Grade) _____

EMERGENCY CONTACT PERSON:

Name: _____

Relationship: _____

Address: _____

VOLUNTEER COMMITMENT:

I would like to offer my time and volunteer for (circle):

- Academic support (requires a commitment of 1hr per week [minimum] on a fixed weekday afternoon)
- Sports assistant (requires a commitment of 1hr per week [minimum] on a fixed weekday afternoon)
- Fundraising
- Administrative role
- Events: sports and other (must be available on weekends)

Length of time you can volunteer (no. of months): _____

Preferred day of volunteering: _____

Time I can volunteer (circle): 3 - 4pm / 4 - 5pm / 3 – 5pm / Saturdays (fun runs and events)

Any past volunteer or missions experience: _____

EMPLOYMENT / SKILLS:

Current employment:

Position: _____

Dates held: From _____ To: _____

Company name: _____

Address: _____

Reference Name and Contact number: _____

If you are a student:

Institution: _____ Degree/Course: _____

Year of study: _____

YOUR SKILLS, ACADEMIC AND OTHER QUALIFICATIONS:

Why do you wish to serve with the GM Foundation? Do you have any skills you can contribute?

Have you ever been involved with children/youth at risk before? (please provide details):

What would you like to gain from this experience: _____

How did you hear about the GM Foundation?: _____

HEALTH AND HISTORY:

Do you have/have you ever had any severe medical conditions that we should be aware of?

What chronic or acute illness and medication, if any, will you be using on a regular basis whilst performing your duties as a volunteer? _____

Have you ever had treatment, medication or counselling for mental, psychological or emotional conditions?

Have you been ever convicted of a crime? (circle): Yes / No

If yes, please explain briefly: _____

INDEMNITY:

By signing this application form I understand that this is a voluntary position and therefore I will receive no remuneration for my service. I agree to bring no claim against the GM Foundation or partnering organisations for any injury sustained, loss or damage to my person or possessions during my participation in this organisation. I agree by the core values of the GM Foundation.

I, _____, hereby declare that the above information is correct.

Signature: _____ Date: _____