

THE TYGERBERG HOSPICE TRUST



VOLUNTEER APPLICATION

The Tygerberg Hospice Trust encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in Tygerberg Hospice.

Name: _____

Address: _____

Tel No: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Next of Kin: _____ (Tel) _____

Educational Background:

Employment History:

References:

Relation: _____ Name: _____ Tel No: _____

Relation: _____ Name: _____ Tel No: _____

Do you have a valid driver's license? Yes No

Are you willing to provide transportation? Yes No

1) What previous Volunteer work have you done?

2) Why do you want to be a Volunteer for Tygerberg Hospice?

3) What particular hobbies or skills do you have? E.g. Arts, craft, music etc.

4) Have you recently experience loss and / or bereavement?

5) Do you have any health related problems or physical limitations that would impair your work?

Please tell us in which areas you are interested in volunteering?

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Charity Shops
<input type="checkbox"/>	Events	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Patient and Family Care	<input type="checkbox"/>	Bereavement Care

Please indicate days available:

Mon Tues Wed Thurs Fri Sat

Times available: From: _____ to: _____

Are you prepared to be involved with ongoing training programmes and supervision?

Yes No

Are you willing to make a one (1) year commitment to Tygerberg Hospice as a Volunteer following the training course and evaluation process?

Yes No

As a volunteer of Tygerberg Hospice I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that The Tygerberg Hospice Trust, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for Tygerberg Hospice. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

Please submit the following documentation with your application:

- 1) Certified copy of identity document**
- 2) Name clearance – proof of payment**
- 3) Short CV**

We cannot schedule an interview without the required documents.