



**GAUTENG PROVINCIAL
ASSOCIATION FOR PERSONS
WITH DISABILITIES**

NPO: 044 089 / BPO: 930029312

VOLUNTEER
you can make a difference!



TEL: 011 8383012/16

CELL: 083 577 1037

FAX: 086 659 9903 / 011 8382636

EMAIL: reception.gpapd@gmail.com

APPLICATION FOR VOLUNTARY SERVICES

Please complete this form:	
Date:	
Name:	
Date of Birth:	
Identity Number:	
Full residential address:	
Telephone numbers:	
Nationality:	
Gender:	M/F
Health:	
Drivers License:	
Do you have your own transport?	Yes/No
Provide 2 references:	
What area of work do you want to become involved in?	
How much time are you willing to offer?	

Have you been involved in any clashes of the law / criminal charges? If yes, please explain:

Have you completed any voluntary work before? If yes, please provide details:

What are your present expectations of this proposed volunteer placement?

Please provide any additional information here

NO	SPECIAL SKILLS	YES	NO
1	Computer Literacy		
2	Child Care		
3	Administrative / Receptionist		
4	Financial Management		
5	Public Relations/ Market		
6	Fundraising		
7	Legal Aspects		
8	Management		
9	Labour Law / Relation		
10	Care of the Aged		
12	Disability Sector – Please specify		
13	Other		

Thank you for your time and interest! You will be contacted once this completed form is returned to us.

Kind regards

BEENA CHIBA
(DIRECTOR – GPAPD)

