

The Open Door

CRISIS CARE CENTRE



VOLUNTEER APPLICATION FORM

Thank you for your interest in Volunteering with The Open Door. Please complete this form and return it back by email to info@opendoor.org.za with a copy of your ID. We will contact you when we have a volunteering position that matches your profile.

Full Names: _____

Identity No: _____ Age: _____

Residential Address: _____

Email Address: _____

Telephone: (H) _____ (Cell) _____

Languages: _____

1. Which of the following Projects would interest you, please tick relevant box

CHARITY SHOP	<input type="checkbox"/>	SHOPPING CENTRE PROMO	<input type="checkbox"/>
FUND RAISING	<input type="checkbox"/>	PROMOTIONS/EVENTS	<input type="checkbox"/>
CRAFTS	<input type="checkbox"/>	OTHER please specify _____	

2. What Skills do you have that could assist The Open Door?

3. Why do you want to be a Volunteer?

4. What times _____ / days _____

are you available to Volunteer?

5. Do you have any criminal convictions? YES/NO (If yes please attach details)

Signature: _____

Date: _____