



118 CAROL ROAD, SILVERFIELDS
010 10000 75
INFO@CROSSCONNECT.CO.ZA
WWW.CROSSCONNECT.CO.ZA

NPO 189 402
PBO 9300 567 61
REG 2017/183778/08

CCCO VOLUNTEER APPLICATION FORM

Personal / contact details:	
Date	/ /
Name	
Address	
Phone 1	
Phone 2	
Email address	
Preferred method of contact	
Current occupation/study	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u> <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>
Emergency Contact Details:	
Name:	
Relationship to you:	
Phone 1:	Phone 2:
Birthday	
Referees. Please provide the name and contact details of at least two referees(Non- Relatives):	
Name: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone1:	
Phone2:	
Relationship to you:	
Name: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone1:	
Phone2:	
Relationship to you:	
Name: <input type="checkbox"/> Male <input type="checkbox"/> Female Phone1:	
Phone2:	
Relationship to you:	



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Please select the area where you want to volunteering

Please tick any of these fields if they relate to you:

- | | |
|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Holiday Club |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Bible Club | <input type="checkbox"/> Mentorship Program |
| <input type="checkbox"/> Children's ministry Training | <input type="checkbox"/> Ministry |
| <input type="checkbox"/> Early Childhood Development Program | <input type="checkbox"/> Photography |
| <input type="checkbox"/> ECD Training | <input type="checkbox"/> School Feeding Program |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Support |
| <input type="checkbox"/> Graphic Design | |

Please specify any other: _____

Please tell us why you want to volunteer with our organisation?

Languages spoken

Other voluntary work

What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

Please tell us about any educational background, work or volunteering experience that is relevant to the volunteer role you are applying for?

If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

When are you available to volunteer? (Please specify days, times and the length of commitment you would like to make)

Where did you hear about this program?



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Personal Information:	
Age	<input type="checkbox"/> <18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 55+
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Language spoken at home?	
Highest education qualification achieved?	
Privacy statement: The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work for Cross Connect Community Outreach. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with donors and relevant stakeholders.	
<input type="checkbox"/> Please tick if you would like to receive regular newsletters about our programs and developments	
By signing this form I attest that the information supplied is true and accurate. I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process including completion of a satisfactory Working with Children Check and participation in training.	
Signature: _____	
Name: _____	Date: _____