

VOLUNTEER APPLICATION FORM FOR EPIC FOUNDATION

CONTACT INFORMATION			
Date:			
Full Name:		Title:	
ID Number:			
Postal Address:			
Residential address:			
Home Phone Nr:		Emergency contact name:	
Work Phone Nr:		Emergency contact nr:	
Cell Nr:		Can we add you to the volunteer Whatsapp group?	
E-mail Address:			
Do you hold a valid driver's license?			
GENERAL INFORMATION			
Occupation:		Date of Birth:	
Age:		Gender:	
Which languages do you speak?			
Why are you interested in volunteering for the EPIC Foundation?			
What skills or qualifications do you have as a volunteer.			
Which of our projects do you want to be involved with?	Comfort Pack Project – sorting donations and packing of bags		Step Up Project – training of shelter ladies
	Fairy Godmother Project – sorting of outfits and assistance on fitting days		Counselling services – only fully qualified, registered counsellors for this function
	Legal services – legal advice to Epic and assistance for rape and abuse survivors		Travelling for collections/deliveries
	Fund raising – require previous non-profit fund raising experience and references.		Morning weekday admin work at the Epic Foundation office.
	Other – specify		

PREVIOUS VOLUNTARY WORK:			
Have you worked as a volunteer before? If so, what did you do?			
AVAILABILITY			
Saturdays mornings (09:00 to 12:00):		Weekday afternoons (14:00 to 16:00)	
Weekday mornings (09:00 to 13:00) – office admin only			
If weekdays – state days:			
Available to do deliveries/collections – if so please note which areas in Gauteng and days/times of availability:			
REFERENCE (Please list one personal or professional reference.)			
Name:		Phone Nr:	
Relation:			
Name:		Phone Nr:	
Relation:			
COPY OF ID			
All applicants, please enclose a photocopy of your ID.			

AGREEMENT AND SIGNATURE

By submitting this application I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misinterpretations made by me on this application may result in immediate dismissal.

Applicant's Signature: _____

Guardian's Signature (if applicant is under 18): _____

Signed (day/month/year) _____

Witness: _____

- Please note that volunteers do not receive funds for their time.
- It is essential that you complete this form in full and return it to the EPIC Foundation together with a copy of your ID

Completed form to be sent to : info@epicfoundation.org.za