# EPIC FOUNDATION

# VOLUNTEER APPLICATION FORM

## SECTION 1: INSTRUCTIONS

Thank you for your interest in volunteering with EPIC Foundation. Please complete **only the sections that apply to you:**

- **General Volunteer Work** (packing comfort packs, sorting donations, deliveries, events)
  ***Section 2, 3, 4, 6 & 8***
- **Specialised Volunteer Work** (counselling, legal, marketing, Step-Up project)
  ***Section 2, 3, 4, 5 & 8***
- **Community Hours/Volunteers under 18**
  ***Sections 2, 3, 4, 7 & 8*** *(to be completed by parent/guardian on behalf of student)*

Return completed form with a copy of your ID to: **info@epicfoundation.org.za**

## SECTION 2: VOLUNTEER INFORMATION *(For all volunteers to complete)*

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|---|---|
| **Full Name:** | |
| **ID Number:** | |
| **Phone Number:** | |
| **Email Address:** | |
| **Suburb/Area:** | |
| **Occupation (Optional):** | |
| **Emergency Contact Name and number:** | |

## SECTION 3: AVAILABILITY *(For all volunteers to complete)*

☐ Weekday Mornings
☐ Weekday Afternoons
☐ Saturdays Mornings
☐ Ad Hoc / As Needed
Additional Notes:

## SECTION 4: VOLUNTEER INTERESTS *(For all volunteers to complete)*

Please indicate which projects you are interested in supporting:

☐ **Comfort Pack Project –** sort donations and packing of bags
☐ **Fairy Godmother Project –** assist learners with matric dance outfits
☐ **Step-Up Project** (launchinh 2027) - skills development for shelter women. (CV required)
☐ **Counselling Services –** for GBV survivors (CV required)
☐ **Legal Services –** for GBV survivors (CV required)
☐ **Marketing and Social Media -** (CV required)
☐ **Collections and Deliveries** - transport
☐ **Fundraising and Events** – help with campaigns

☐ Other: _____

## SECTION 5: SKILLS, QUALIFICATIONS AND EXPERIENCE *(For specialised to complete)*

Briefly list relevant skills, qualifications, or experience:

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## SECTION 6: DRIVING AND COLLECTIONS *(For only those who can offer transport to complete)*

Are you willing to collect donations, or drop off items for the Foundation? ☐ Yes ☐ No
If yes, areas you are willing to travel to:

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## SECTION 7: VOLUNTEERS UNDER 18 YEARS OF AGE ONLY *(For parents/guardians of volunteers under 18 to complete)*

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| **Parent/Guardian Full Name:** | |
| **Relationship to Volunteer:** | |
| **Phone Number:** | |
| **Email Address:** | |

**Parent/Guardian Consent**

☐ I confirm I am the parent/legal guardian and give permission for my child to volunteer.
☐ I accept the terms of the Volunteer Agreement & Safeguarding on their behalf.

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| **Parent/Guardian Signature:** |
| **Date:** |

## SECTION 8: VOLUNTEER AGREEMENT AND DECLARATION *(For all volunteers to complete)*

By completing this application, I confirm that:

- I volunteer willingly, understand this role is unpaid, and accept that any travel or activities are at my own risk.
- I will act with dignity, respect, and professionalism, keeping all information about beneficiaries, donors, and fellow volunteers confidential.
- I will not share personal contact details or create photos/videos of beneficiaries without written approval.
- I declare that I have never been convicted of offences involving violence, abuse, exploitation of children, fraud, or sexual offences, and I will inform EPIC Foundation immediately if this status changes.
- I understand that EPIC Foundation may decline or end volunteer participation if necessary to protect beneficiaries, volunteers, or the organisation.
- I confirm the information I have provided is true and accurate, and I agree to be added to the Volunteer WhatsApp Group for communication.

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| **Volunteer Name:** |
| **Signature:** |
| **Date:** |
| **Location:** |