



VOLUNTEER NO:

SPCA VOLUNTEER APPLICATION FORM

**Thank you for your interest in volunteering at the SPCA!
Please complete & fax: 021-705-2127**

PERSONAL INFORMATION:

NAME & SURNAME:..... **TITLE:**.....

ADDRESS:.....

..... **CODE:**.....

TEL NO:(H)..... **(W)**..... **(Cell)**.....

FAX NO:..... **E-MAIL or family members:**

ID NO:..... **DATE OF BIRTH:**.....

NAME AND CONTACT DETAILS OF NEXT OF KIN:.....

.....

LANGUAGES: English Afrikaans Xhosa Other

TRANSPORT: Car / Public Transport / Other **DRIVER'S LICENCE:** Yes / No

ANTI-TETANIS INNOCULATION (Year):

ALLERGIES / MEDICAL PROBLEMS:

What pets have you had / do you have?

VOLUNTEERING INFORMATION

AVAILABILITY: Weekdays / Weekends / Holidays / Anytime

REGULARITY: Weekly / Fortnightly / Monthly / Occasionally / Other

IF WEEKLY PLEASE SPECIFY WHICH DAYS: Mon Tues Wed Thurs
Fri and Mornings / Afternoons?

VOLUNTEERING EXPERIENCE(Brief Details):

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EMPLOYMENT INFORMATION:

OCCUPATION:
Scholar/Student/Unemployed/Employed/Self-employed (Specify)

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QUALIFICATIONS/ SKILLS/ TRAINING
(Including highest educational standard):

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VOLUNTEERING PREFERENCES

Please CIRCLE the areas you would like to be involved in at the SPCA:

Animals: Socializing the dogs & cats

Fundraising: Events
General Admin

Counting Money: Yes / No

Street Collection: Yes / No

I hereby declare that the details on this form are true and correct. I hereby absolve the Cape of Good Hope SPCA of liability for any injury arising during my volunteer work.

Signed:..... **Date:**.....

Signature of Parent / Guardian (If under 18 years)

Please return this form to Juan Augustat the Fundraising Department, SPCA, PO Box 3, Plumstead, 7801 or fax (021) 705 2127 or e-mail events@sPCA-ct.co.za.