



# INTERNATIONAL VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the Hillcrest AIDS Centre Trust (HACT). Please complete this form to help us to match your passions and skills with any volunteering positions that may be available. Send it back to [info@hillaims.org.za](mailto:info@hillaims.org.za) or fax to 031 765 8781. Please attach a copy of your CV and ID book/Passport. Please note that we only accept international volunteers who are able to provide their own transport (private vehicle), accommodation and cover their own living costs. For more information, please speak to the volunteer co-ordinator.

**DATE OF APPLICATION:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**CELLPHONE NUMBER:** \_\_\_\_\_

**HOME NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LANGUAGES:** \_\_\_\_\_

**ID/Passport number:** \_\_\_\_\_

**DO YOU HAVE A VALID SOUTH AFRICAN OR INTERNATIONAL DRIVER'S LICENCE? YES / NO**

**WHAT SKILLS DO YOU POSSESS THAT COULD ASSIST HACT?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT IS YOUR MOTIVATION FOR VOLUNTEERING AT HACT?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHICH DATES ARE YOU AVAILABLE?**

**WHICH WEEKDAY DAYS ARE YOU AVAILABLE?** \_\_\_\_\_

**WHICH TIMES ARE YOU AVAILABLE?** \_\_\_\_\_

**FOR HOW LONG ARE YOU INTERESTED IN VOLUNTEERING FOR?** \_\_\_\_\_

**A Ministry of Hillcrest Methodist Church**

**Trustees:** David J Neville-Smyly (Chairman); Dr Stephen Carpenter; Julie A Hornby; Linda M Knox; Michael W Mkhize; Olivia H Myeza; Revd R Andrew Robinson; Revd Gary A Thompson; Mark N van den Berg; Bishop Michael Vorster

**NPO number 005-800**

**PBO number 18/11/13/1231**

# HILLCREST AIDS

26 Old Main Road, Hillcrest, KwaZulu Natal  
South Africa P.O. Box 2474, Hillcrest 3650



# CENTRE TRUST

Tel: 031 765 5866, Fax: 031 765 8781  
email: info@hillcraids.org.za, www.hillcraids.org.za

**WHICH HACT PROJECTS ARE YOU MOST INTERESTED IN (PLEASE CIRCLE):**

ADMIN/FINANCE/HR/MARKETING

GRANNY SUPPORT GROUPS

CHILDREN'S PROGRAMMES

HIV/AIDS CARE

WOZA MOYA CRAFT SHOP

PLANT NURSERY

HORTICULTURE/VEGETABLE GARDENS

OTHER: \_\_\_\_\_

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**SIGN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

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