



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 or fax to 031 765 8781. Please attach a copy of your CV and ID book.

DATE OF APPLICATION: _____

NAME: _____

DATE OF BIRTH: _____ **AGE:** _____

CELLPHONE NUMBER: _____

HOME NUMBER: _____

EMAIL ADDRESS: _____

PHYSICAL ADDRESS: _____

LANGUAGES: _____

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 DAYS & TIMES ARE YOU AVAILABLE? _____

FOR HOW LONG ARE YOU INTERESTED IN VOLUNTEERING FOR? _____

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: _____

SIGN: _____

DATE: _____

PLACE: _____

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

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