tears
BRINGING HOPE AND HEALING

Name: _____ Date: _____

VOLUNTEER REGISTRATION FORM

PERSONAL DETAILS

TITLE: ☐ **MR** ☐ **MRS** ☐ **Ms** ☐ **MISS** ☐ **OTHER** _____

FIRST NAME (S): _____ **SURNAME:** _____

EMAIL: _____

CONTACT ADDRESS: _____

POSTAL ADDRESS: _____

_____

POSTAL CODE: _____

CONTACT NUMBERS **MOBILE:** _____ **WORK:** _____

HOME: _____

VOLUNTEERING FOR *TEARS Foundation NPO Number: 138-020/ PBO: 9300 42 695*

If you know the role or type of volunteering you would like to do, please give us details.
(Please look at our webpage: www.tears.co.za as we assist victims of rape and abuse, and some applicants may not wish to serve in this field. Volunteering is an activity that involves giving time, being unpaid and doing something that aims to benefit the environment, individuals, or groups).

_____

_____

_____

_____

_____

_____

Physical Address: Block C, Kingsley Office Park, 85 Protea Road, Chislehurston, Sandton, 2146
Postal Address: Postnet Suite 414, Private bag X9, Benmore, 2010, Gauteng, South Africa
Tel: +27 (0)10 590 5920
Company Registration Number: 2012/182211/08

Mara Glennie: Founder and Project Manager

AVAILABILITY

How regularly do you wish to volunteer? **Monthly** ☐ **Weekly** ☐ **More Often** ☐

Please provide the hours you are available to volunteer. *A minimum 6 hours a day and a minimum 2 days a week if required*.

Have you volunteered before? If so, please provide details. _____

_____

When will you be available to start volunteering? _____

	AM e.g. 8-12pm	PM e.g. 1-5pm	Specify	Other
Mon				
Tues				
Wed				
Thurs				
Fri				

ADDITIONAL INFORMATION

Are you under 18? **YES** ☐ **NO** ☐ **Date of Birth: _____**

Do you currently have a valid driver's license? **YES** ☐ **NO** ☐

If yes, do you have the use of a car? **YES** ☐ **NO** ☐

CRIMINAL CHECK RECORD

PLEASE NOTE: To volunteer with a vulnerable group of people, including children we require a full criminal record check to ensure the safety of the victim with whom we work. Please attach a copy of your identity documents to this form.

I, _____ hereby acknowledge and agree to provide my Identification number

_____ and full name for the TEARS Foundation to run a criminal background check.

Signed: _____ Date: _____

ABOUT YOU

What interest, skills and experience could you bring to *TEARS?*

_____

_____

Why do you want to volunteer?

_____

_____

Language(s) spoken / understand / written:

_____

_____

_____

VOLUNTEER WITH DISABILITIES

We welcome applications from volunteers with disabilities. Do you have any special requirements/ health issues that you would like to tell us about or that may have an impact on any activity you may be required to do?

_____

_____

REFERENCES

Please give us two references. Both should know you well and for a minimum period of one year. No family members will be accepted. We may only contact them if you are accepted as a volunteer to *TEARS*

Reference One

Name: _____

Address: _____

_____

_____

Telephone No: _____

Cell: _____

How do you know this person? _____

How long have you known this person? _____

Reference Two

Name: _____

Address: _____

_____

_____

Telephone No: _____

Cell: _____

How do you know this person? _____

How long have you known this person? _____

DATA PROTECTION ACT

Your personal details will be treated as confidential and kept for no longer than necessary. If you are accepted as a volunteer, the information you have provided on this volunteer registration and monitoring information form will become part of your volunteer records which will be used to plan and record your practical involvement as a volunteer.

Please note that as a volunteer you will have access to all information, records, finances, and business models of TEARS Foundation. All information you have access to must always be kept private and confidential. By signing this

document, you acknowledge that no information about any victims or any of the ways in which the TEARS Foundation runs will be allowed to be repeated thus non-disclosure is always expected even once volunteering at TEARS is terminated.

Please note further that all calls are recorded to and from the TEARS Foundation and that all emails from the TEARS Foundation email addresses are monitored.

I am aware that the information I have provided will be treated confidentially and consent to it being used and stored in the capacity stated and I confirm acknowledgement of non-disclosure that is always binding.

Signature: _____ Date: _____

STATUS			
In Education	☐	Stay at home (Housewife/ House Husband)	☐
Permanently employed	☐	Out of work due to sickness or disability	☐
Temporarily employed	☐	Other	☐
Unemployed	☐	Please specify: _____	
Retired	☐		

Please return completed form to:	**E-mail:** admin@tears.co.za/ info@tears.co.za

OFFICE USE ONLY	
Date received:	
Received By:	
Processed By:	
Date processed:	
Notes:	