



Camphill Farm Community Hermanus

'Quality of life for adults with intellectual disabilities'

VOLUNTEER APPLICATION FORM (SOUTH AFRICAN APPLICANTS)

PERSONAL DETAILS

1. Name :
2. Address :
3. Telephone :
4. Email :
5. Date of birth :
6. South African I.D. Number :
7. Home language :
8. Name, address & telephone number of a relative or close friend (pls state relationship) :
9. Marital status :
10. Do you have medical insurance? (If yes, please give details) :

EDUCATION AND WORK EXPERIENCE

11. Highest level of secondary education attained :
12. Tertiary education :
13. Work experience :

GENERAL INFORMATION

14. I would like to join from (earliest date) :
15. For a minimum period of/ or no of days per week :
16. What is your motivation? (Please provide your answer on a separate page if necessary):

Tel: +27 (0)21 200 2230 | admin@camphill-hermanus.org.za | www.farm.camphill-hermanus.org.za
Camphill Rd, Off Caledon Rd, Hemel en Aarde Valley, Hermanus, 7200, Western Cape, South Africa | PO Box 301, Hermanus, 7200,
Western Cape, South Africa

003-322 NPO | Reg. No 1978/003803/08 | PBO No 18/11/13/4249

A list of directors is available at the offices of Camphill Farm Community Hermanus

- 17. To which workshops do you think you could contribute? :
- 18. Have you ever visited a Camphill community? :
- 19. If yes, which one and for how long? :
- 20. Do you have a driver's licence? :
- 21. If yes, when did you obtain it? :
- 22. Do you play a musical instrument or have other artistic skills? :

GENERAL HEALTH

- 23. Do you suffer from allergies? :
- 24. If yes, please specify :
- 25. Do you suffer from chronic illness or physical disabilities? :
- 26. If yes, please specify :
- 27. Do you have psychological problems/breakdowns? :
- 28. If yes, please specify :

Please be assured that any health issues you share will be treated with respect and confidentiality and does not necessarily exclude you from acceptance as a volunteer. It is in the best interest of all to look realistically at any possible implications in advance of you joining the community.

DRUG USE

- 29. Have you taken prohibited drugs? :
- 30. If yes, did you stop, and when? :
- 31. Drug testing consent (Please tick box) : YES NO

Please note that Camphill has a non-tolerance policy to all illegal drugs (including marijuana) and offenders are liable to be prosecuted by the state.

POLICY STATEMENTS

- 32. It is not permitted to give/sell/donate any item or gift to any resident nor purchase/accept any item or gift from any resident without explicit permission from the relevant workshop or house leader.
- 33. Please note that it is considered to be a misconduct if a volunteer commits an offence relating to the physical, psychological, sexual or emotional abuse of any resident which may include physical aggression, inappropriate speech and rudeness etc. Sexual contact of any kind at any time between a volunteer and a resident is prohibited and could result in criminal charges being filed.

Please *tick* the items you have submitted or are included:

- Volunteer application form
 - Curriculum Vitae
 - Two written references
 - Acceptance and Indemnity Form signed by you
 - Police report
-

CAMPBILL FARM COMMUNITY HERMANUS

ACCEPTANCE AND INDEMNITY FORM

- a) I,, hereby confirm that I have read, understood and agree to all conditions as stated in the general information sheet.
- b) Our Organisation appreciates your interest in volunteering with us and we are looking forward to your service for the betterment of our Community and its posterity.
- However, the organization will not be held responsible for anything that happens to you while offering your volunteer services to it. By signing below, you agree to this condition.

Signed at :

Date :

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(Signature)