

VOLUNTEER APPLICATION FORM - 2025

Date: _____

Title:	Dr	Mr	Mrs	Ms	Miss	Other:
Surname:				Name:		
Physical address:						
Tel (home):				Tel (work):		
Cell:				Fax:		
Email address:						
ID number / Date of Birth (yy/mm/dd):						
Person to contact in case of emergency:						
Relationship to you:				Tel:		
Home language:				Unendorsed valid driving license?		
Occupation (present or previous) and skills and or if student name of institution and grade or year :						
Are you working at present? Where?						
Full time?			Part time?		Flexi-time?	
Do you know anyone/organisation/group who would like to volunteer? (If yes, pls give details).						
Where did you hear about HospiceWits volunteer needs?						
Why do you wish to volunteer for Hospice?						
Have you done previous volunteer work? If so, for whom?						
List any health problems that might affect you doing the voluntary task you are interested in:						
List any health problems we need to be aware of in the event of your requiring emergency treatment e.g. diabetes, asthma:						

AREA OF WORK

Tick your area(s) of interest and mark the specific task(s) or add tasks if not listed.

PATIENT CARE, e.g. Caregiver (counseling), Bereavement counselor, Driving. (NB: These tasks require specific training, and on-going training and supervision)	
ALLIED AND COMPLEMENTARY HEALTH, e.g. Physiotherapy, reflexology	
FUNDRAISING: Telesales, selling Christmas cards	
FUNDRAISING EVENTS, e.g. Tree of light, Spinnathon, Fun Walk,	
SHOPS, e.g. Selling, sorting and pricing goods, security control, driving (deliveries /collections) (NB: Shop volunteers usually work one morning or afternoon a week)	
HANDYMAN, e.g. Fixing electrical appliances, carpentry, painting, plumbing	
ADMINISTRATION, e.g. typing, computer databases, photocopying, mailing, switchboard and reception, palliative care library	
FINANCE, e.g. bookkeeping, accounting	
CATERING, for trainees once a month, for patients, for events	
OTHER	

DAYS AND TIMES YOU ARE AVAILABLE

DAY	Morning - Times	Afternoon - Times
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Please note: It is mandatory to fill in a Volunteer Time Sheet or record any hours that you volunteer for Greendale House Palliative and Hospice Care. You may also be asked to provide references, and you may also be required to sign the following documentation: work agreement, confidentiality form, code of conduct, indemnity form and permission for HospiceWits to perform criminal, driving and credit checks.

Signed: _____

Date: _____

Email forms to: BUHLE – volunteer@greendalehouse.co.za or call 011-483-9100.