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 Not Profit Reg No: 042-260-NPO
 Section 21 Reg. No. CK2004/024889/08

Empowering People to Change the World!

Full-time Volunteer Application Form

Personal Details

Full name: _____
Last Name first name Nick name (Maiden name)

Address: _____

Tel.: _____ Fax: _____

E-mail: _____

Birthdate (d/m/y): _____ Sex: Man Woman

Birthplace: _____ Nationality: _____

Passport: _____ Date issued: _____ Valid until: _____

Marital status: Single Widowed Engaged Divorced Married Remarried
 (Please circle)

Name of spouse/fiancé (e): _____ Marriage date: _____

Children:	Birth Date (d/m/y)	Sex
Names of children		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Will your children be coming with you?
 If you are expecting a child, give appropriate due date:

In case of emergency, your contact person:
 Name: _____ Tel.: _____

Address: _____ Relationship: _____

Educational/Work Experience Information

Education

Name of school/ Institute Certificate/Degree	Dates attended
1. _____ _____	_____
2. _____ _____	_____
3. _____ _____	_____

What languages do you speak? Indicate fluency level (1=poor, 5=excellent)

Have you worked with people of other cultures and races? Please give details.

Work experience (past 5 years)

Position	Organization	Dates	Reason for leaving

What is your present job, or otherwise what are you doing presently?

Describe leadership experience and positions you have had, if applicable.

What job did/do you enjoy most and why?

Do you have other skills or work experience?

What are your hobbies and interests?

Area of Work with World Changers Academy

Have you been recruited for any area particular? If so: by whom?

With which work activity would you like to participate? Prioritize choice(s).

- Speaking on courses
- Facilitating small groups/discussions
- Leading activities for students (e.g. drama, games, etc.)

- Follow-up for students
- Maintenance/Construction Work (If so name any skills in this area that you have) _____
- Human Resources/Counselling
- IT/Computer Repair
- Staff training/development/mentoring
- Marketing/Public Relations/Fundraising/Media
- Administration/Office Support/Finance
- Other, specify: _____

Which group are you most interested in working with

- High School Students
- Unemployed (18-35 years old)
- All students (High school students and Unemployed)
- Staff
- All of the above
- None of the above (you prefer to practical work only, e.g. maintenance/construction, etc.)

As a volunteer, part of your involvement will likely be of a practical nature to help with the overall operations of the leadership centre. Mark which of the following abilities/experiences you have. Prioritize top 3 of where you would like to serve:

- | | | |
|--|---|---|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Administration/ Office | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Editorial Writing | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Car Mechanics | <input type="checkbox"/> Data entry | <input type="checkbox"/> Computer/ networking |
| <input type="checkbox"/> Maintenance/ Technical skills | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Other: |

Please check the boxes that best describes you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Good with details | <input type="checkbox"/> People orientated | <input type="checkbox"/> Don't work well under pressure |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Project orientated | <input type="checkbox"/> Prefer working on a team |
| <input type="checkbox"/> Prefer working alone | <input type="checkbox"/> Flexible | <input type="checkbox"/> Like things well structured |
| <input type="checkbox"/> Prefer initiating tasks | <input type="checkbox"/> Work well under pressure | <input type="checkbox"/> Prefer following through on tasks other initiate |

Experience with World Changers Academy

Have you ever been worked with a non-profit organization? If yes, please elaborate.

How do you know about World Changers Academy?

Have you been involved with World Changers Academy? If so, please elaborate (include dates, place, etc.).

Why do you want to volunteer with World Changers Academy?

What expectation(s) do you have as a volunteer?

When would you like to start?

How long would you like to volunteer?

Background Information

We are working with young people, and some are at very sensitive stages in their lives. Many of them come from broken families and problematic lifestyles. Some of them have been involved in illegal and other harmful activities and, through the help of our programmes, are overcoming these problems. It's very important that the staff and volunteers of the organization help to provide a good atmosphere for the students to get the most out of their time with us. If for some reason, you have difficulty communicating your answer in writing, we can talk with you personally. Your answer to these questions will not, in themselves, prejudice your acceptance as staff. All answers are confidential.

1. Have you used any of the following substances? If so, please explain how recently and in what quantities: alcohol, tobacco, 'soft' drugs, 'hard' drugs (e.g. heroin, cocaine).
2. Have you ever had any psychiatric/psychological treatment? If so, describe treatment received, dates and/or present difficulties.

Family history

1. Please describe your family of origin and the circumstances of your childhood/teenage years, etc. Please mention any adverse issues that affected you, i.e. family mental disorder, marital instability, child abuse, alcoholism, drug abuse or family dysfunction and how you have been dealing with these issues in your life.
2. What does your family think about your involvement with World Changers Academy?
3. Please describe how you relate to others (friends, leaders, colleagues, spouse & children). Describe some positive and negative past team experiences. Describe your relationship with leadership/ authority figures.

Financial Information

Do you have finances to cover your living expenses (housing, insurance, transportation, food & miscellaneous expenses)? If yes, how much?

If not, how do you plan to cover your living expenses?

Legal Information

Are you involved in any current or pending law suites or legal proceedings? If so, please give details

Do you have a police record (civil or military)? If so, please elaborate.

Medical Report

Name of Applicant:

Surname

First

Middle

General Health

Answer yes or no to the following questions. If you answer no, please explain.

1. Are you able to walk up to six miles (10 km) in a day?
2. Are you able to carry out reasonable strenuous physical work?

3. Are you presently in good health?

Medical History

Answer yes or no to the following questions. If you answer yes, please explain.

1. Are you allergic to any medicines?
 - a. Name any other allergies:
2. Have you, or have you had, any eating disorders (compulsive, anorexic, bulimia)?
3. Do you have trouble with sleeplessness?
4. Do you have any current psychiatric problems for which you are receiving treatment or have received treatment for in the past (e.g. anxiety, depression, panic attacks, suicidal thoughts, other psychiatric disorders)?

List all the serious illnesses and operations you have had in the past. (This means any illness requiring hospital admission, treatment from your doctor for an illness lasting more than one month, or any illness, which may have an effect on your health.) Please also state the outcome and whether there are any residual problems.\

Illness/Operation	Date	Outcome

List any hereditary serious illness in your immediate family's history

Illness	Relationship

What is your height? _____ feet or _____ cm

What is your weight? _____ lbs or _____ kg

Is there any other information that will be helpful for us to know as we consider your application?

Release of Medical Information

I _____ (applicant's name), give permission for the release of relevant medical information to the Personnel Department prior to training or service with the mission.

Signature: _____

Date: _____

Reference Form Details

Please list names, addresses & telephone numbers of the two people to whom you have given reference forms.

Reference #1

Surname: _____ First Name: _____

Position: _____

Address: _____

Tel.: _____ Fax: _____

E-mail: _____

Reference #2

Surname: _____ First Name: _____

Position: _____

Address: _____

Tel.: _____ Fax: _____

E-mail: _____

Health Information

Please fill in the attached medical report, part of which needs to be filled in by your doctor.

There are certain precautions that we recommend you take regarding your health. South Africa is a modern country with health and other services to the same standard as any other modern society in Europe or America. However, South Africa does have a high rate of HIV/AIDS, and partly associated with this, a high rate of Tuberculosis. We recommend that you take the necessary precautions.

It is advisable to be up to date with the following vaccinations and to keep a record of your immunisation history. Please check with your doctor for their recommendations or contact us regarding having them soon after arrival (as they may be cheaper in South Africa). NB This is your responsibility.

- Injectable or oral Polio vaccine
- Tetanus toxoid injection if last injection was 5 years ago
- Typhoid vaccine
- Hepatitis A vaccine x 3 injections
- Hepatitis B vaccine x 3 injections
- Meningitis vaccine
- (You will not need Malaria prophylactics in Durban)

WORLD CHANGERS ACADEMY DOES NOT TAKE RESPONSIBILITY FOR ANYONE WHO GETS CONTAMINATED BY THE BLOOD OR BODY FLUIDS OF ANOTHER PERSON AND THEREBY CONTRACTS HIV, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

Responsibility Statement

I have completed all portions to this application; and if accepted by World Changers Academy as a volunteer, I will abide by the spirit, rules and schedule of the program.

Signature: _____

Date: _____

Note: This application form will be considered as soon as we have received: this application with a recent photo, all the references, medical forms and the application fee.

Please send by mail, fax or email to the contact details listed on the letterhead.