

VOLUNTEER FORM

Please read, complete & return to info@ithembalethu.org.za with a certified copy of your ID

Dear Volunteer,

Thank you so much for your interest in volunteering at iThemba Lethu. We look forward to making a difference in vulnerable lives together!

CONTACT DETAILS:	
Full Name:	ID No:
Contact No:	Email Address:
Physical Address:	

VOLUNTEER INFORMATION:					
1. How would you like to give of yourself during this volunteer programme? Please mark x below					
Heart (time)		Hands (finances)		Head (skills)	
2. How long would you like to volunteer for?					
Once off		Regular (weekly)		Long term	
3. Do you require confirmation of Community Service Hours?					
Yes		No			
4. Have you had any First Aid/HIV Training?					
Please give the name and contact number of one-character reference:					
Name:					
Contact No:					
SIGNATURE:					