



COMMUNITY DEVELOPMENT



CHILDREN'S VILLAGE



EDUCATION DEVELOPMENT



GOVERNMENT PARTNERSHIPS



ECONOMIC DEVELOPMENT



MARKETING SERVICES



ARTS & CULTURE DEVELOPMENT

082 859 1191 / www.jacobswell.org.za

VOLUNTEER APPLICATION FORM

Please complete in full.

NAME:	AGE:
GENDER: Male ___ / Female___	ID NUMBER:
CELL NUMBER:	EMAIL ADDRESS
RESIDENTIAL ADDRESS:	
WHO REFERRED YOU TO JACOBS WELL?	
TIME PERIOD / DAYS OF VOLUNTEER SERVICE?	
DOES YOUR FAMILY AGREE WITH YOUR SERVICE HERE? YES ___ / NO ___	
IF NOT, PLEASE EXPLAIN	
WHAT DO YOU ENVISION YOURSELF DOING AT JACOBS WELL?	
WHAT DO YOU ENVISION AS PERSONAL OR SPIRITUAL GOALS FOR THE PERIOD OF YOUR SERVICE?	



QUESTIONS REGARDING SERVICE AT JACOBS WELL VILLAGE

FOOD:		
Do you have any food allergies? Yes___/ No___ Please specify:		
AREAS OF SERVICES: <i>Please answer each question.</i>		
Working with horses yes___/ no___ If yes, please specify previous experience		
Working with the dog. Yes___/ no___ If yes, please specify previous experience		
Driving I have a valid PDP and am prepared to drive a bus. Yes___/ no___ If yes, please specify experience I have a valid drivers' license and would be prepared to drive the ministry Bakkie to transport goods. Yes___/no___		
Food preparation		
I am prepared to help prepare meals for the crèche.	YES___	NO___
I am prepared to help prepare meals for live-in staff and volunteer	YES___	NO___
I am prepared to do dishes when the crèche has eaten.	YES___	NO___
I am prepared to do dishes when the live-in staff and volunteers have eaten.	YES___	NO___
I am prepared to clean the dining areas after meals.	YES___	NO___
I am prepared to help the care workers feed the children.	YES___	NO___



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Therapy		
Speech therapy If yes, please specify previous experience	YES___	NO___
Auditory testing If yes, please specify previous experience	YES___	NO___
Occupational therapy If yes, please specify previous experience	YES___	NO___
Other Please specify previous experience		

Outreach		
Outreach to the needy. Please explain	YES___	NO___
Outreach to the youth. Please explain	YES___	NO___



Other		
I am prepared to help with maintenance. Please explain	YES ___	NO ___
I am prepared to help with the gardens and tunnels.	YES ___	NO ___
I am prepared to work with the special needs children in the following capacity:		
Change nappies.	YES ___	NO ___
Help care workers massage children	YES ___	NO ___
Art / music / dance classes Please Specify Exercises:	YES ___	NO ___
Horse therapy Please specify:	YES ___	NO ___
Teaching children Please specify experience:	YES ___	NO ___
Other:		

Age groups I prefer to work with (please circle):	3-5y	6-10 y	11 – 18y.
I am unwilling / unable to do the following:			
I am volunteering at Jacobs Well Village because			
Besides the areas above, I would be prepared to serve in the following capacities:			



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I, _____, (full names) state that:

I realise that all service is voluntary and filled this form in of my own free will.
I am prepared to abide by the volunteer guidelines, the policies and procedures of Jacobs Well Village, as well as the house rules laid down for conduct at Jacobs Well Village, and realise that my working as a volunteer is subject to these rules and guidelines.

Signed this _____ day of _____ 201_ in Pretoria.

Signature Volunteer

Signature JWV Volunteer Coordinator