



APPLICATION TO BECOMING A VOLUNTEER FOR RESIDENTIA

Please complete the form and email to: info@residentia.co.za

Date:	
Name & Surname:	
Address:	
Mobile number:	
Email address:	
Date of Birth:	
Previous occupation:	

Why do you wish to become a Volunteer?

Do you have your own transport?	YES	NO
Do you have a valid driver's license?	YES	NO
If Yes, Code:		

What times are you available?

Morning	Afternoon	Evening	Weekends	Afterhours



Are you computer literate?	YES	NO
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In which categories would you be most interested in?

Department	Description of Tasks	Yes
Handyman	* General Maintenance of the Buildings	
	* Garden and outdoor areas	
	* General maintenance of equipment	
Needlework	* General repair work of items	
	* Sewing, e.g., making of tablecloths, etc.	
	* Repairs of residents' clothing	
Health services	* Collection of prescription medication	
	* Transport to doctor/dentist/hospital	
	* Visit to unwell residents	
	* Blood pressure and glucose checks	
	* DQ98 Evaluations	
Projects / Functions	* Setting of tables / table decorations	
	* Baking	
	* Home baking, puddings, etc.	
	* Cooking	
	* Serving at functions	
	* Serving tea	
Administration	* Reception and telephones	
	* Typing	
	* General administrative tasks	
	* Translation or language editing of documents	



	* Filing	
	* Taking minutes of meetings	
	* Computer tasks	
	* Keeping track of statistics or databases	
	* Fundraising events	
	* Recruiting sponsors	
Emotional Support	* Visit Emotionally Unwell Residents (EHV)	
	* Counselling of residents / staff / family	
Marketing	* Creating digital media	
	* Compilation of monthly Newsletter	
	* Help with marketing activities	
Financial	* Assist with Fundraising events	
	* Help with Recruitment of Sponsors	
Shop	* Purchases for tuck shop	
	* Work in the tuck shop	
General	* Sharing knowledge and skills	
	* Staff training	
	* Host programmes and activities	
	* Assist residents with cell phones/computer	
	* Handling donations and donated items	
Help or suggestions other than those requested here.		



FOR OFFICE USE

Date application form is received: _____

Date that Volunteer Coordinator processed application form: _____

Date of interview: _____

Date of agreement signed: _____

Volunteer Coordinator Comments:
