



Application Form
Volunteer Scheme

1) Full Name:	
2) Address:	
3) Landline Number:	
4) Mobile Number:	
5) Date of Birth:	
6) Email Address:	
7) Gender:	
8) Occupation/Student?	
9) Do you have any medical conditions/special needs? (See below for specific details)	

10) Specific dietary requirements?	
11) What skills/qualifications (including hobbies and interests) do you believe you will bring to The Winnie Mabaso Foundation?	
12) Have you any experience of volunteering elsewhere? Please explain.	
13) Are there any areas of our work that most interest you (ie orphanage, pre-school, gardening etc) ?	
14) Please provide us with the name and address of someone	

<p>willing to provide you with a character reference (eg teacher, doctor, employer, volunteer group leader)</p>	
<p>15) Have you ever visited a developing country before or witnessed poverty on a large scale?</p>	
<p>16) How long would you like to volunteer for? (minimum one week, maximum 3 months)</p>	
<p>17) What do you want to get out of a volunteer placement with us?</p>	
<p>18) Are there any particular dates you are interested in or restricted to?</p>	

19) How do you plan on paying for your trip?	
20) Do you have a criminal record?	
21) How did you hear about the Winnie Mabaso Foundation?	

***Medical disclosure:**

The purpose of these questions is to identify any risks to your health arising from volunteering with WMF and will highlight if we need to arrange adjustments to the kind of volunteering that you do.

Please answer the questions honestly so that we can arrange an effective programme for you. If you reply 'YES' to any of the below questions please give details in the health box above (9).

1. Do you consider yourself as having a disability that would

require any adjustments while volunteering? YES / NO

2: Do you have or have you had ANY health issues, which restrict your day-to-day activities (e.g. bending, lifting, carrying, any back pain, kneeling, pregnancy etc)?

3: Do you have or have you had ANY allergies? (e.g.: Latex, foods, chemicals?)

4: Do you have or have you had ANY other medical conditions (e.g. stress, depression, anxiety, mental health difficulties, recent surgery, heart disease, epilepsy, stroke, diabetes)

5: Do you have any current infectious diseases?

6: Do you need to take regular medication whilst volunteering?

If you are successful at this stage of our application process you will then be expected to provide us with the following information:-

An enhanced DBS check (if you do not have one we can arrange this for you at a cost of £12). This needs to be completed at least 2 months before departure.

A current doctors letter to confirm you are fit and well to volunteer with us. (this may incur a small charge depending on your GP)

A suitable written character reference from your suggested referee.