



PLEASE COMPLETE THIS FORM IF YOU WOULD LIKE TO ATTEND OUR  
VOLUNTEERS WORKSHOP.

PERSONAL INFORMATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ID Number: \_\_\_\_\_

Marital Status: (please circle) Single Married Divorced Widowed

If married, please complete information on partner:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

ID Number: \_\_\_\_\_

Employment:

Please list employment and type of work that you are doing:

\_\_\_\_\_

Partner:

\_\_\_\_\_



**NPO 067647**

Cell: 082 202 0720 • Ph/Fax: 021 591 6610 • [alison@rainbowofhope.co.za](mailto:alison@rainbowofhope.co.za)

49 Alice Street \* Goodwood \* Cape Town \* 7490 \* South Africa

OFFICE HOURS: TUES, WED & FRI: 9am - 5pm



Describe your family:

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Children:

Names:

Ages:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Please tell us in a few words what motivated you to look into volunteering.

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THANK YOU!



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