

Application for Volunteer Service at Blessed Gérard's Care Centre and Hospice in Mandeni, kwaZulu/Natal, Republic of South Africa

Please make sure, that your application reaches us as early as possible to enable us to process it.
Please be aware that the acceptance of your application is made at our discretion and depends on
the availability of volunteer positions at the proposed time.

Please complete these forms in block letters and in full and send the original per (snail) mail to:

Brotherhood of Blessed Gérard
P O Box 440
Mandeni
4490 Republic of South Africa

Surname		
First Names		
Residential address	Street	
	Postal Code	
	City	
	Country	
Postal address (if different)	Post Box	
	Postal Code	
	City	
	Country	
Telephone	Area Code	
	Number	
Fax	Area Code	
	Number	
E-mail address		
Date of birth		
Sex		
Marital status		
Which church do you belong to?		

Citizenship	
Do you have any dietary restrictions? If yes, please explain in detail	
Highest Standard of Education	
Other qualifications	
Home language	
What other languages do you speak	
Do you have an international driver's licence?	
If no, are you prepared to get one?	
Would you be covered by medical and accident insurance?	

DETAILS OF AT LEAST TWO NEXT OF KIN

1.	2.
Family Name	Family Name
Title & First Name	Title & First Name
Relationship	Relationship
Address	Address
Home Telephone Number (please include area code)	Home Telephone Number (please include area code)
Occupation	Occupation
Business Telephone Number	Business Telephone Number
Emergency Telephone Number (if different from above)	Emergency Telephone Number (if different from above)

What do you expect to gain from this experience?

--

Please give details of any other volunteer work in which you have been involved.

Name of organisation	Type of work done	Period spent working for them	Remarks

		Arrival	Departure
State date you would be available to come to Mandeni			
Give two alternate dates in order of preference	1		
	2		
Is there any other information which you think might be relevant			

I have read the "Information for Prospective Volunteer Helpers" and declare that I understand it fully and agree to abide by all the regulations as mentioned therein.

Date _____ Place _____ Signature _____

Please attach a recent photograph.

Medical Questionnaire for prospective volunteers in the Brotherhood of Blessed Gérard

Applicant's surname	
First Names	
Date of Birth	

	YES	NO
Is the applicant fit to work in a country with a sub-tropical climate (i.e. at high temperatures and high humidity)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant physically capable of carrying out general nursing duties (incl. lifting patients, carrying them on a stretcher, walking in a rough terrain etc.) If "No" please specify disability _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant suffer from epilepsy, multiple sclerosis or other neurological disease?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant suffer or carry germs from any contagious disease (e.g. Tuberculosis, Typhus, Hepatitis, HIV/AIDS)	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant addicted to drugs or alcohol or any other substance?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant mentally stable and psychologically balanced?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant need regular medical attention by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have to take any medication on a regular basis? (If "Yes", please provide him/her with a sufficient supply/prescription of all necessary medication!)	<input type="checkbox"/>	<input type="checkbox"/>
Phone number of applicant's doctor, which the Brotherhood of Blessed Gérard may contact (in case of emergency only)		
Remarks (if any)		

The applicant has assured me,
that he/she gives permission to disclose the given information.

Signed at _____ on this _____

Signature of Medical Doctor

Stamp

Church Questionnaire for prospective volunteers in the Brotherhood of Blessed Gérard

Applicant's Surname		
First Names		
Date of Birth		
For how long (approximately) have you known the applicant?		
Which church/denomination does the applicant belong to?		
Is the applicant baptised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confirmed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Married?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ordained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant actively take part in the life of the church?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which church activities is the applicant especially involved in?		
Do you think the applicant will feel comfortable working in the church environment of a Catholic Relief Organisation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any further reasons, why you would recommend the applicant?		

Signed at _____ on the _____
Place Date

Signature of Parish Priest

Stamp