

Western Cape Volunteer Application Form

Personal Information

Title*	<input type="text"/>		
Surname*	<input type="text"/>		
Full name*	<input type="text"/>		
Date of Birth*	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>
		Age at 31 March 2010*	<input type="text"/>
			Must be 18 by 31 March 2010
Place of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Race	Black <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/> White <input type="checkbox"/>
Do you have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type of disability <input type="text"/>

Employment

Please indicate your employment status. If you are currently employed and your annual income exceeds R46,000.00 then any stipend received for the Eden FanJol will be taxed.

Employment status*	Student <input type="checkbox"/>	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>
Annual Income*	0 to R54,000 <input type="checkbox"/>	>R54,000 <input type="checkbox"/>		
Occupation*	<input type="text"/>			

Identification

Document Type*	SA Identity Document <input type="checkbox"/>	Foreign Passport <input type="checkbox"/>			
Number*	<input type="text"/>				
Issued by *	<input type="text"/>				
Date of Issue*	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>		
		Valid Until*	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YY"/>

Please attach a copy of your ID document or passport

All completed application forms must be submitted to:
Heinrich Robertson **Deadline: 15 March 2010**
2010 Volunteer Coordinator
P.O. Box 242
58 Long Street
Moorreesburg
7310

or Send application to local municipal offices

Address

Address Line 1*

Address Line 2*

Suburb/Town*

Post Code*

Contact

Cell Number*

Home Number

Work Number

Email Address

Preferred Method of Contact

How can we best contact you?*

Cell

Email

Home phone

Work phone

Next of kin

In case of emergency, who should we contact?

Surname*

Full name*

Relationship to*you*

Cell Number*

Home Number

Work Number

Email Address

Volunteer Experience

Have you ever done volunteer work within the football fraternity?*

Yes

No

Have you ever done volunteer work for any events company?*

Yes

No

What can you contribute to the success of the volunteer programme?*

Please indicate and describe any major event you have volunteered for and state your primary responsibilities in that event

Event	Area	Description

Education

Highest Level of Education*

Year of Completion*

DD	MM	YY
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Field of Study*

Language

Please indicate your language and proficiency level (using an 'X') from this list below*.

	Home Language	Very Good	Good	Basic	Not Spoken
English					
Afrikaans					
Xhosa					
French					
German					
Spanish					
Portuguese					
Arabic					

Drivers License

Do you have a driver license?* Yes No

If Yes, the following fields are mandatory.

Category	<input type="checkbox"/>	A – Motorbike
	<input type="checkbox"/>	A – Motorbike = 125cc
	<input type="checkbox"/>	B – Motorvehicle and/or trailer GVM = 3500kg
	<input type="checkbox"/>	C1 – Truck or bus with GVM = 16000kg
	<input type="checkbox"/>	C – Truck or bus with GVM greater than 16000kg
	<input type="checkbox"/>	EB – Motor vehicle and caravan
	<input type="checkbox"/>	EC – Articulated Truck and Bus with trailer
	<input type="checkbox"/>	EC1 – Truck with trailer (heavy duty)

Issued by

Date of Issue

DD	MM	YY
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Date of Expiry

DD	MM	YY
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Indicate type of vehicle you can drive

<input type="checkbox"/>	Automatic
<input type="checkbox"/>	Manual

Do you have an endorsement on your driver license? Yes No

Briefly describe

Please attach a copy of your drivers licence

Preferences

Please select below the functional areas for which you can volunteer by numbering three preferences (1-3)*

<input type="checkbox"/>	Accreditation	<input type="checkbox"/>	Media
<input type="checkbox"/>	Administrative Services	<input type="checkbox"/>	Spectator Services
<input type="checkbox"/>	Environmental Services	<input type="checkbox"/>	Ushering Services
<input type="checkbox"/>	Tourism	<input type="checkbox"/>	Volunteer Management
<input type="checkbox"/>	Logistics	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Football Development
<input type="checkbox"/>	Information Services	<input type="checkbox"/>	Children Programme

Event Availability

Kindly indicate the periods for which you will be available for the FIFA 2010 World Cup™?

Event Availability* Event (June 11th – July 11th)

Interview/Training Availability

Please be aware that there will be times outside the event period that will require your attendance as interviews and training sessions. These sessions will be compulsory. The interview session may require a full day. We will be in the towns below on the day indicated from 8h00 to 20h00 for interviews. Training sessions may take up to 7 days.

Interview Availability* April 2010
(Please indicate your preference) April 2010

Training Availability* Yes No
(May 2010)

Uniform Sizes – Please insert your size (XS, S, M, L, XL, XXL)

TShirt
Sweater
Jacket
Pants
Shoes (SA Shoe Size)

Data Sharing

The Provincial Government of the Western Cape and its partners do not intend to collect, process and use your personal data (name, address, age, and occupation, etc) for commercial purposes. Do you give you consent to the Provincial Government of the Western Cape to share your information with other partners for volunteer purposes?

Data sharing* Yes No

Confirmation of Details

I hereby confirm that all information provided above is true and complete.

Signature

Date