Please save as a copy, before emailing the document back to meleney@viva-sa.co.za

Viva Volunteer Form South African

Kindly complete the form in Adobe reader and email it back to meleney@viva-sa.co.za

Name and Surname	
Residential Address	
Postal Code & City	
Telephone	
Fax	
Cell Phone	
Email	
Age	
Gender	◉ Male ○ Female
Marital Status (single, married, divorced, widowed, seperated, living together)	◉ Single ○ Married ○ Divorced ○ Widowed ○ Seperated ○ Living Together
Religion	
Church Affiliation	
Name of Your Pastor/Priest/Minister	
His/Her Telephone number	
If you are younger than 18 years:	◉ 18 + ○ Younger than 18
Name of Parent/s or legal Guardian	
His/Her/Their telephone number/s	
Please attach a written letter of concent from your parent/s or legal guardian	
How long do you wish to volunteer at Viva Sa?	
Dates of commencement and departure	From: To:
Do you need to be collected from the Airport?	○ Yes ○ No From which Airport:
Are you physically fit?	◉ Yes ○ No
Do you have any serious/chronic medical condition?	
Do you smoke?	○ Yes ○ No
Are you addicted to any substance?	○ Yes ○ No
Do you have a criminal record?	
Do you have any experience in volunteer work?	
Pls provide detail:	
Is there a specific area of expertise that you wish to offer?	
Highest qualification	
Do you need accommodation?	
Present employment	
Your signature	
Signature of your Parent/Guardian (under 18's)	