



Phone: (+27) (015) 590 1108

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[volunteers@tshega.org](mailto:volunteers@tshega.org)

Bolebedu South, Fobeni Village, Stand 60  
Limpopo Province, South Africa  
PO Box 121  
LETSITELE  
0885

NPO Number: 051-408  
Public Beneficial Organization Number: 9300 22 058  
Tax Exemption Ref. Number: 9193/407/16/1

## 1. APPLICATION FORM – VOLUNTEERS

Please complete the following form and send it back to the abovementioned email address.

NAME:

POSTAL ADDRESS:

CODE:

TOWN:

COUNTRY:

MOBILE NO:

EMAIL ADDRESS:

## 2. PASSPORT INFORMATION

PASSPORT NO:

COUNTRY OF ISSUE:

EXPIRY DATE:

AGE:

DATE OF BIRTH:

NATIONALITY:

## 3. CONTACT PERSON IN CASE OF EMERGENCY

NAME:

RELATIONSHIP:

ADDRESS:

MOBILE NO:

EMAIL ADDRESS:

## 4. GENERAL INFORMATION

Language spoken and use:

Are you vegetarian?



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Do you have any special dietary requirements?

Is your hepatitis A & B vaccination current?

Do you have a medical condition?

If yes, what

Are you a student?

If yes, specify where.

List previous employment / volunteer experience:

Date of arrival:

Date of departure:

Flight details if arranged:

What would you like to experience and achieve during your stay?

I ..... (print name) declare that the above information submitted by me is complete and accurate. I further realize that a false declaration by myself would render any claim whatsoever void and I could further be liable for prosecution by the laws governing South Africa.

Date:

Signature: \_\_\_\_\_