



## Volunteer Application Form

Name:

Contact details:

Date of Birth:

Nationality:

Occupation:

Have you had any training or experience that is relevant to the work we do at I Afrika? Please provide details.

Briefly outline your experience working with children.

Briefly outline your experience working with children who have experienced trauma.

Why would you like to volunteer with us?

Briefly outline how you would like to volunteer with us, including activities, what days and for how long you plan to be with us.

Do you have Police clearance or relevant working with children's checks? Please provide details and attach a copy to this application.

Do you have any special needs or requirements that you feel we should know about?

I understand and agree to abide by the policy and procedures as outlined by the attached Child Protection Policy:

- Yes, I agree, I have signed a copy of I Afrika's Child Protection Policy and attached it to this application.
- No, I do not agree to abide by I Afrika's Child Protection Policy.

Signed:

Date:

Thank you for taking the time to complete the Volunteer Application Form. Along with this application form, please submit a copy of your Police Clearance and a signed copy of our Child Protection Policy. Our team will review your application and provide an outcome within 3 business days. Thank you for your interest in wanting to volunteer with us!

Ms Bethany McGibbon, I Afrika Programs Manager

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