



UVIWE CHILD & YOUTH SERVICES

Registered NPO – 003 – 620

Exemption Reference No: PBO 130000944

BEE & SED Compliant

c/o Jan Hofmeyer & Nicholas Street Schauderville

Port Elizabeth, South Africa

P.O. Box 34760, Newton Park, 6055

Tel: 041 453 0441/2/4/5 Fax: 041 453 0446

E-mail: uviwe@uviwe.co.za

www.uviwe.org.za

VOLUNTEER APPLICATION FORM

Thank you for your interest to “get involved”.

Uviwe’s volunteer programme is aimed at finding the best “fit” between YOUR needs, interest or request and UVIWE’s opportunities for volunteer involvement.

Due to the nature of our work we only have children at specific facilities, i.e. our ECD centres (creches). The rest of our services are delivered through social work services directly to families in communities. We do have many opportunities where your involvement can **indirectly** change the life of a child!

Please return the completed form to director@uviwe.co.za (Anna-Louise Olivier) or fax 041 453 0446. You can also phone our director, Anna-Louise Olivier at 041 453 0441/2/5 or 082 924 8941

Please tell us more about yourself:

Name & surname	
Address	
E-mail	
Telephone	
Cell phone	
Date of Birth (age)	
Gender	
Occupation, or set of skills you would like to share	

Interested in: (Please tick applicable)

- One time volunteering
- Long term volunteering
- Unsure

Area of Interest:

Tell us about your wishes/dreams for involvement at Uviwe – where would you like to get involved?:



Uviwe offers the following volunteer opportunities – please tick the areas of relevance to your interest and passion:

ECD centre (crèche) – doing a reading circle		Sponsorships – sponsor a child at ECD	
ECD centre (crèche) – doing a music circle		Sponsorships – karate kids	
ECD centre (crèche) – doing a drama circle		Holiday Club	
Arrange a once off fundraising event or campaign		Board member	
Youth Club		Your idea -	
Afterschool		Your idea -	
Reading club		Your idea -	

How did you hear about Uviwe Child and Youth Services and its Volunteer program?

List any previous volunteer experience – if relevant:

Type of volunteer work	
Period	
Organisation we can contact for a reference	

How do you hope to benefit from this experience?

What is your preferred method of contact?

- Via email
- Via phone

I _____ (name and surname) confirm that the above information is correct.

Signature of Applicant

Date

‘VOLUNTEERS DO NOT NECESSARY HAVE THE TIME THEY JUST HAVE THE HEART’
ELIZABETH ANDREW