South Ranch
136 Bronkhorstfontein
Eikenhof, Gauteng

P. O. Box 990468
Kibler Park
2053, South Africa

Tel: +27 (11) 948 7917/8
Fax: +27 (86) 504 2864
E-mail: applications@tlc.org.za

TLC The Love of Christ Children's Home
... because every baby deserves a family

TLC Volunteer Application Form

Please complete this form and include the following when you submit your application:
Recent passport size photograph of yourself
Comprehensive answers to the essay questions

Forward all of these items to us by mail, fax or e-mail using the details at the top of this form.
We will also require three testimonial forms (pg 6 of the application form) submitted directly to us by people who know you well but are not family members.

Surname			
First Names			
Preferred Name			
Passport / ID Number		Sex	M/F
Nationality		Date of Birth	dd/mm/yy
Marital Status			
E-mail Address			
Postal Address			
Contact Number (Home)		(Work)	
Particulars of Driver's License			
Code			
Date of Issue			
Place of Issue			
Training and Qualifications (please indicate completed education or on-going studies)			

Personal History			
Previous Employers	Position Held	From	To
Previous Volunteer Work:			
Organisation	Type of Work	From	To

"Pure and undefiled religion before God and the Father is this: to visit orphans and widows in their trouble, and to keep oneself unspotted from the world." James 1:27

Church Background			
Church Affiliation			
Name of Church			
Name of Minister			
Describe your church involvement:			
Health (circle Yes or No)			
Do you smoke?	Yes	No	
Do you eat red meat?	Yes	No	
Do you eat white meat?	Yes	No	
Are you allergic to any of the following:			
Dogs	Yes No	Lactose	Yes No
Cats	Yes No	Gluten	Yes No
Feathers	Yes No	Nuts	Yes No
Grass / Dust	Yes No	Pollen	Yes No
Tomatoes	Yes No	Mushrooms	Yes No
Do you currently (or have you ever) suffered from any of the following?			
Asthma	Yes No	Clinical Depression	Yes No
Diabetes	Yes No	Epilepsy	Yes No
Low Blood Pressure	Yes No	High Blood Pressure	Yes No
Fainting Spells	Yes No	ADD	Yes No
Psoriasis	Yes No	Eczema	Yes No
Other conditions:			
If you replied "Yes" to any of the above, please provide further details:			

Particulars of Next of Kin			
Name			
Relationship			
Address			
Telephone Number		E-mail address	
Details of Intended Service			
Available From:	dd/mm/yyyy	To	dd/mm/yyyy
Preferred length of stay:			
Indemnity			
I, _____ (full name of applicant, or parental guardian, if under 21) hereby absolve The Love of Christ Ministries, The Love of Christ Charitable Trust, their management and staff, of any liability with regard to injury or loss to my person or property, whilst on or off the premises of the abovementioned organisations.			
Signed :		Date:	
(parent or guardian to sign if applicant is under 21 years of age)			
Witness:		Date:	

Essay Questions

The following questions will assist us in understanding you better as we consider your application and placement in the work and lifestyle typical of our program.

Please answer each of these questions separately and include them with your application form.

1. Describe your personality.
2. Describe your family, and your relationship with your family.
   (Please let us know if you would like us to communicate with your next of kin)
3. Evaluate your ability to live and work with others. What qualities help or hinder you?
4. TLC likes to try and make use of our volunteer's natural gifts and talents. What particular gifts, talents or strengths do you have that you would like to share at TLC?
5. What do you need from TLC for your stay to be a happy one? (A lot of this depends on you but we will do what we can!)
6. No person is without weak points. What would you identify as possible areas of difficulty for you as a member of our team?
7. Please list your interests. Why you are interested in them and what do you do to pursue them?
8. Without quoting: In what ways are you 'love' to the world around you?
9. What does servanthood mean to you?
10. In as much detail as possible, describe what tasks you think you would be required to do at TLC?
11. How would you extend questions 9 and 10 to your role at TLC?
12. What about being a TLC volunteer appeals to you?
13. How did you find out about TLC?
14. In what way would you like to be remembered?
15. Is there anything else you think would be helpful for us to know about you?

Find out more about volunteering by contacting us, or on our website:

tlc.org.za >
What You Can Do >
Volunteering >
Full Time

The Love of Christ Ministries

For the Newborn and Foundling Baby

Est. 1993

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Dear Sir / Madam,

Our organisation cares for newborn and abandoned babies in South Africa. Our nursery is staffed by volunteer caregivers. As part of the application procedure we require personal references that will assist us in deciding whether the applicants will be able to cope in our environment.

Please can you complete the following testimonial form in order to assist us in our process and return it directly to us as soon as possible.

When completing the form please bear in mind the following:

- Our nursery is a very busy, noisy environment.
- Our volunteer team is composed of about 24 volunteers from different cultures.
- Our volunteer team live and work together.
- Our volunteers work long hours (between 10 and 12 hours a day, six days a week).
- This environment means that we work under constant pressure, and because we work with babies, things can't be left until tomorrow.

Our volunteers come a long way to work with us, and we depend heavily upon them, we therefore need you to give an honest representation of how you view the applicant, to avoid wasting their time and money, and ending up short-staffed ourselves when applicants find they are unable to manage in our environment.

Please complete the form with these things in mind, your reference will, of course, be kept completely confidential.

Thank you for your time and effort.

Yours sincerely,

Joanna Jones

Programme Director: Health, Welfare and Communication

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Testimonial Form

We would be grateful if you would complete the following testimonial for this applicant who wishes to enroll in our volunteer programme. Upon completion please return the form directly to us, by fax, e-mail or regular mail using the details provided above.

Date:

D	D	M	M	Y	Y	Y	Y

Applicant's Details:

Name: _____

Surname First Name(s)

Please rate the applicant using the following scale:

Weak	Fair	Average	Good	Excellent

Place a tick in the appropriate column

1	Able to follow instructions					
2	Able to work independently					
3	Leadership Ability					
4	Discipline					
5	Able to work under pressure					
6	Able to work as part of a team					
7	Punctuality (is always on time)					
8	Willingness to put in extra work					
9	Able to plan ahead					
10	Patience					

How do you know the applicant?	
How long have you known the applicant?	
Further comments:	
Your Name:	Signature: