



PHILISA ABAFAZI BETHU
Corner of 8th and Prince George Drive
Grassy Park, Cape Town
Telephone Number (Office): 021-802 4030
Telephone Number (After Hours): 076 270 3050
E-mail address: admin@philisaabafazi.org
Website: www.philisaabafazi.org

Basic Contact Information

Name: _____ Gender: *Male* *Female*

Email: _____ Occupation: _____

D.O.B: _____ Birthplace: _____

Nationality of Passport: _____ Passport Number: _____

Detailed Contact Information

Home Address: _____

Home Telephone: _____ Mobile Telephone: _____

Project Placement *(simply place an 'x' next to the chosen projects)*

- After School Programme
- Women's Support Group
- Senior Programme
- Domestic Violence Court Support Programme
- Parenting Skills Programme
- Surfing Programme
- Emergency Safe House

Host Family Information

Duration of visit: _____

Do you have any special housing requirements or preferences we should take into consideration when placing you with a host family?

Host Family Information Cont.

Do you have any dietary requirements that we need to know about?

(Please note vegetarians and people with food allergies: the host family rent will be more to cater for the dietary needs)

Do you have any allergies or take any medication that we should be aware of?

Emergency Contact Information

Name: _____ Gender: *Male* *Female*

Email: _____ Relationship: _____

Home Address: _____

Home Telephone: _____ Mobile Telephone: _____

Additional Information

1. *Is there any additional information you feel the need to share with us?*
2. *Are you volunteering with a companion? If so, who?*

3. Will your volunteering experience count towards any university or college degree requirement?

References

Please provide contact information for three professional references (no relatives please)

Name: _____ **Gender:** *Male* *Female*

Email: _____ **Relationship:** _____

Home Telephone: _____ **Mobile Telephone:** _____

Name: _____ **Gender:** *Male* *Female*

Email: _____ **Relationship:** _____

Home Telephone: _____ **Mobile Telephone:** _____

Name: _____ **Gender:** *Male* *Female*

Email: _____ **Relationship:** _____

Home Telephone: _____ **Mobile Telephone:** _____

Security

Do you have a criminal record?

- Yes
- No

If yes, what is the nature of the offense?

Please send a copy of an official police clearance certificate or letter with this application form. This is merely to ensure that we continue to secure a safe and stable environment for all women and children associated with Philisa Abafazi Bethu.