



Philisa Abafazi Bethu Women and Family Center  
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NPO registration number: NPO-104-870

### Basic Contact Information

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Nationality of Passport: \_\_\_\_\_ Passport Number: \_\_\_\_\_

### Detailed Contact Information

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

**Programme Placement** *(simply place an 'x' next to the programmes that you are interested in)*

- After School Programme
- Women's Support Group
- Senior Programme
- Youth Programme
- Men's Café
- Surfing Programme
- Women's Safe House
- LGBTQIA+ Safe House

Duration of visit: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

**Additional Information**

*Is there any additional information you feel the need to share with us?*

\_\_\_\_\_

*Are you volunteering with a companion? If so, who?*

\_\_\_\_\_

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

\_\_\_\_\_

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

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

**Accommodation** *(please indicate your accommodation preference, if you prefer to be placed in a host family, please also answer the following questions)*

- I do not want to be placed in a host family but organise my own accommodation.
- I want to be placed in a host family.

**Host Family Information**

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

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*Do you have any dietary requirements that we need to know about? (i.e. vegetarian)*

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

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*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 persons associated with Philisa Abafazi Bethu.*