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| **Beautiful Gate South Africa**  **Learner Education Support – After School Programme (High School)**  **Volunteer Application Form 2020** | |
| **PERSONAL DETAILS:** |  |
| First Name: |  |
| Surname: |  |
| Gender: |  |
| Age: |  |
| **CONTACT DETAILS:** |  |
| Telephone Number: |  |
| Alternative Number: |  |
| Email: |  |
| Address Line 1: |  |
| Address Line 2: |  |
| City/Town: |  |
| Postal Code: |  |
| Are you able to commit twice a week from 14:30- 16:30? |  |
| How did you hear about the Beautiful Gate Afterschool Programme? |  |
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| **ACADEMIC RESULTS:** |  |
| Name of School: |  |
| City/Town: |  |
| Which grade are you currently in? |  |
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| **SUBJECT:** | **MARK %:** |
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| **QUALIFICATIONS: (If applicable)** |  |
| 1. Qualification: |  |
| Institution: |  |
| In progress or completed: |  |
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| Institution: |  |
| In progress or completed: |  |
| 1. Qualification: |  |
| Institution: |  |
| In progress or completed: |  |
| **VOLUNTEERING EXPERIENCE: (if applicable)** |  |
| Institution: |  |
| Experience: |  |
| Period: |  |
| Institution: |  |
| Experience: |  |
| Period: |  |
| **PERSONAL STATEMENTS AND OPINIONS:** |  |
| Write a brief Personal Statement. |  |
| Why are you interested in the Afterschool Programme? |  |
| What value will you add to the Afterschool Programme? |  |
| 1. **REFERENCES:** |  |
| Name: |  |
| Organisation: |  |
| 1. Contact Number or Email: |  |
| Name: |  |
| Organisation: |  |
| 1. Contact Number or Email: |  |
| Name: |  |
| Organisation: |  |
| Contact Number or Email: |  |
| **Please attach a certified copy of your Matric Certificate and any other Post Matric Qualifications that you have and submit them with this application.** | **Applications close on the**  **31st March 2020**  **Only shortlisted candidates will be contacted.** |