



**WESTERN CAPE
ASSOCIATION FOR
PERSONS WITH
DISABILITIES**

TM: WCAPD

WESTERN CAPE ASSOCIATION FOR PERSONS WITH DISABILITIES

003-105NPO

320 Koeberg Road, Tijgerhof, Milnerton, 7441
PO Box 1544, Milnerton, 7435

T (021)555 2881
F (021)555 2888

director@wcapd.org.za
www.wcapd.org.za

VOLUNTEER APPLICATION

Kindly complete and return to director@wcapd.org.za

Name: _____

Address: _____

Telephone No.: (____) _____

Fax No.: _____

Email Address: _____

ID No.: _____

Are you computer literate? Yes/No

What computer packages are you confident in? _____

What do you enjoy doing in your spare time?

Where did you work in the last five years and your period of employment at each employer?

SERVICES Social Work Services; Occupational Therapy; Skills Development; Career Pathing; Vocational Rehabilitation; Day Care & Stimulation; Motor Vehicle Rebates
Advice on Assistive Devices; Beach Access Certificates; Advice on Legislation; Sensitisation Workshops; Talks and Exhibitions; Access Assessments

WHERE WE ARE Beaufort West APD - Beaufort West | Bergrivier APD - Veldrif | Bethesda Hout Bay - Hout Bay | Breede Valley APD - Worcester
Cape Town APD - Athlone | Drakenstein APD - Paarl | George APD - George | Goukam Neuro. Life Assn - Riversdale | Heidelberg APD - Heidelberg
Helderberg APD - Stellenbosch | Jo-Dolphin Swartland APD - Malmesbury | Knysna APD - Knysna | Mossel Bay APD - Mossel Bay
Ocean View APD - Ocean View | Olifantsrivier APD - Vredendal | Oudtshoorn APD - Oudtshoorn | Overstrand APD - Hermanus
Paarl Stimulation Centre - Paarl | Robertson House - Milnerton | Die Sterreweg - Plettenberg Bay | Tembaletu Day Centre - Guguletu
Tygerberg APD - Goodwood | Wallace Anderson Home - Riversdal | West Coast APD - Vredenburg | Witzenberg APD - Ceres | The Roll-In Shop



Affiliated to
National Council for Persons with
Physical Disabilities in South Africa

On what days of the week are you available?

Monday / Tuesday / Wednesday / Thursday / Friday / weekend

How many hours per day can you work ? _____

What time of day suits you best?

Mornings / Afternoons / Evenings / Public Holidays

Emergency contact:

Name: _____

Address: _____

Telephone No.: _____

Email Address: _____

Cellphone No.: _____

Do you have a criminal record: Yes/No

If yes explain _____

Do you have a valid Code 08 driver's licence: Yes/No

Do you have your own transport: Yes/No

2 contactable references:

1) **Name:** _____

Contact No.: _____

Nature of relationship with reference:

2) **Name:** _____

Contact No.: _____

Nature of relationship with reference: _____

SIGNATURE: _____

DATE: _____

Please note that the following documents are mandatory before any volunteer work may commence with Western Cape Association for Persons with Disabilities

Please submit -

A copy of your CV * A certified copy of your ID / Passport * A certified copy of your driver's licence