




Address: 28 Friars Hill Road, Rossettenville Johannesburg, South Africa.
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Tel: 011 436 9144 **Mobile:** +27735507806,
NPC NO. 2017/321710/08
NPO No. 233-020, **PBO NO.** 930058451

BATHUSE VOLUNTEER'S APPLICATION FORM

Name /Surname	
Gender	
Nationality	
Date of Birth	
Marital Status	
Occupation	
ID/Passport Number	
Date /Place of issue	
Any special need or Health problem, Disability, or Diet.	
Languages Spoken	
Volunteer program Applied for	
Date and period of your volunteer Project	
Interests while at Bathuse South Africa	
Other volunteer work recently involved activities done, dates, organization and country	
Physical Address	
Telephone / Mobile  phone	
Email Address	
Next of Kin (Name)	
Contact Number	
Email Address	
Physical Address	

I hereby apply for participation in the above volunteering program at Bucalpo Uganda.
 I also declare that the information given on this application form is correct to the best of my knowledge and belief.

Signed

Date

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FOR OFFICE USE ONLY

I hereby approve that on behalf of Bathuse south Africa I have received this form and fully filled and signed. All requirements have been fulfilled and completed by the above signed candidate. Which has pledged to volunteer with Bathuse for period.

Date of Submission

Received by Application

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From

(Name) (Country)

Phone Number Email:

Date / Signature

