

VOLUNTEERS APPLICATION FORM


This form will provide us with some information which will help us in the selection process of interns. The information given is strictly confidential and at any time you may have access to withdraw or change information kept on you.

Personal details

Family Name _____ Given Name _____

Address _____

Post Code _____ email _____

 Home _____ Cell _____

Age _____ Gender _____

Nationality _____ Qualifications _____

Degree register for _____ Year of study _____

Institution _____ Faculty _____

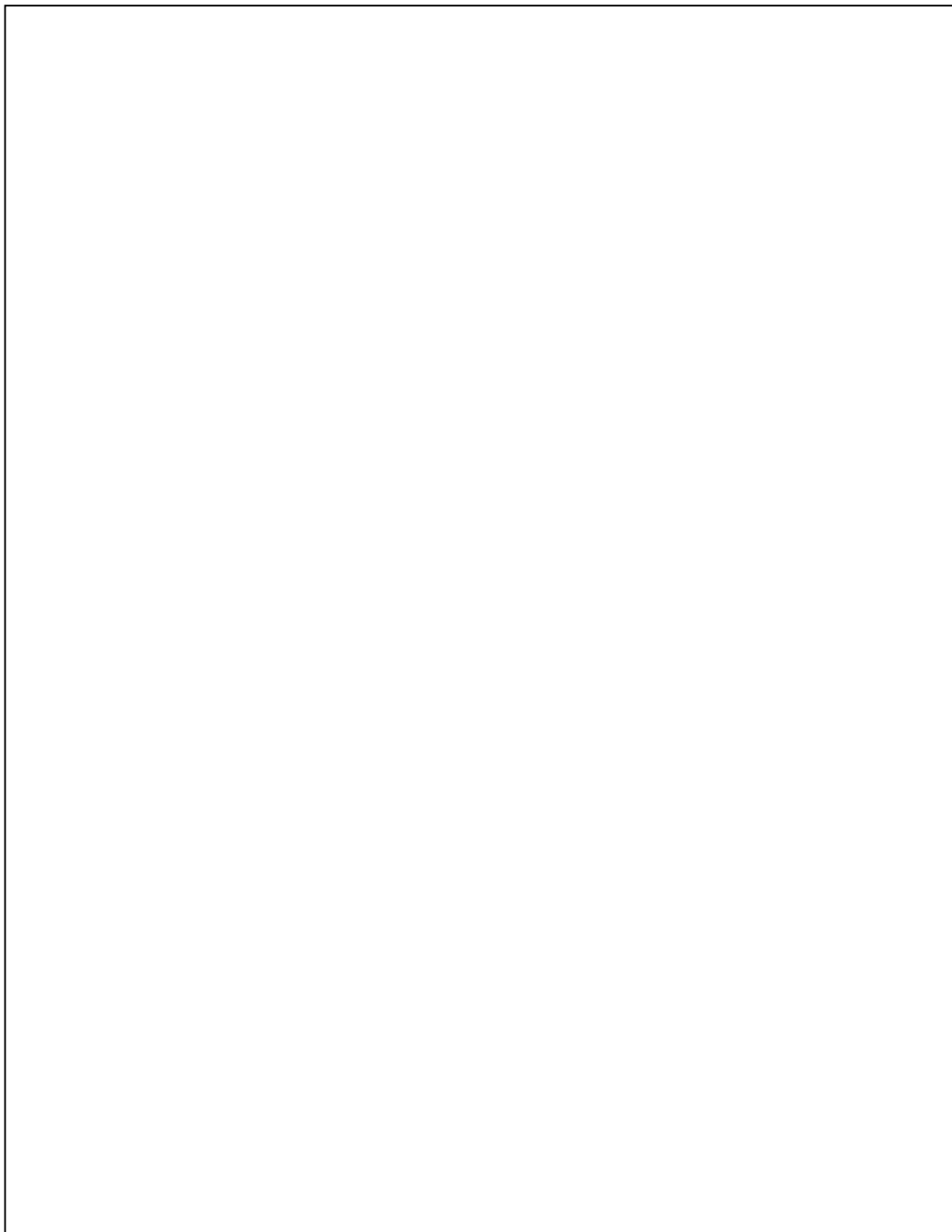
Can we send mail to your home?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have a driving licence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have access to a computer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you have access to personal transport?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are you registered disabled?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

thru
P O Box 15896
Vlaeberg 8018

tel/fax: +27 (0)21 422 3841
helen@thru.org.za
www.thru.org.za

Projects Manager: Helen Fernand LL.B (Hons) LL.M Chair: Narnia Bohler-Muller BA LL.B LL.M
Patrons: Professor Costas Douzinas, Professor Drucilla Cornell
Board: Karin van Marle, Melissa Steyn, Collette Herzenberg, Lynne Abrahams

What skills can you offer?



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Please tick the work you are interested in

OFFICE WORK

Reception/secretarial

Fundraising

Finance

PUBLICATIONS

Newsletter

Press Releases

Submissions

Reports

ADVICE/LEGAL/PARLIAMENTARY

Advice line/letters

Advocacy

Campaigning

OUTREACH WORK

Publicity

Research and Publications

Organising Events

Organising groups

Training

MEDIA PRODUCTION

Video

Radio

Script writing

Print

MONITORING

Proceeding with complaints

When are you available?

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
AM							
PM							
EVE							

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What areas are you particularly interested in?

Political and Civil Rights	<input type="checkbox"/>	Social and Economic Rights	<input type="checkbox"/>
Elections	<input type="checkbox"/>	Children's Rights	<input type="checkbox"/>
Prisoners/accused persons/victims	<input type="checkbox"/>	Legal Reform	<input type="checkbox"/>
Court cases	<input type="checkbox"/>	Writing articles/researching	<input type="checkbox"/>
Other	<input type="checkbox"/>	Please state	

What languages do you speak?

	Poor	Good	Fluent
English			
Afrikaanse			
Xhosa			
Zulu			
Others (please state			

Where did you hear about us?

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Why do you want to volunteer for THRU?

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Referees

Please give the names of two referees who you have known for more than two years and who can comment on your abilities in a work or study capacity.

Referee No 1

Name

Position

Institution

Address

.....

Tel

Email

Referee No 2

Name

Position

Institution

Address

.....

Tel

Email

Confidentiality Statement

I understand that in the course of my work I may have access to information about individuals which is highly private/confidential relating to private individuals or the running of the organisation.

I agree not to disclose information of personal or confidential nature to anyone or any organisation without the permission of the person(s) concerned. In the event of the breach of confidentiality I understand that disciplinary action may be taken.

Signed (Applicant) Signed (THRU)

Print Name Print Name

Date Date

Thank you for taking the time to complete this form.

Received:.....

Accepted:.....

Not Accepted.....

Position Applied for:.....

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