



**Tremendous
Hearts**

Volunteer Application Form

INSTRUCTIONS

Please complete all sections and questions by TYPING in the FORM FIELDS below. If further space is required you may attach documents using MS Office applications or in PDF format. Please make sure any attachments include your name in the header. Application forms with blank or incomplete answers or which are missing supplemental materials will not be considered. Please do not submit original certificates, passports or other materials that you may need later. All applications and supplemental materials become the property of Tremendous Hearts and cannot be returned.

Applications are accepted on a rolling basis. Completed applications and all supplemental materials must be submitted to be considered. Applications may be submitted by email or mail. If you are submitting your application via email, please print the last page, initial, affix your signature where indicated and submit this page by mail. We do not accept faxes.

Mailing address: Tremendous Hearts, 1337 Massachusetts Ave., Mailbox 174, Arlington, MA 02476
(please note that packages requiring a signature can be sent to this address)

Email Address: applications@tremendoushearts.org

PERSONAL INFORMATION

| | | |
|---|--|--------------------------|
| Prefix: _____ | Last Name: _____ | First Name: _____ |
| Nickname (if any): _____ | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Address: _____ | | |
| City, State, Country: _____ | Zipcode: _____ | |
| Telephone: (h) _____ (w) _____ (c) _____ | | |
| Email: _____ | | |
| Date of Birth: _____ | City, State, Country of Birth: _____ | |

Passport Number: _____ Expiry Date: _____ Issuing Country: _____

Driver's License Number, State: _____ Expiry Date: _____

ID or Social Security Number: _____

Marital

Status: _____ Dependants, Names, Ages: _____

Religious Affiliation (optional): _____

Do You Attend Services: Often Sometimes Never

Emergency Contact

1: _____ Relationship: _____

Physical Address: _____

City, State, Country: _____ Zipcode: _____

Telephone: (h) _____ (w) _____ (c) _____

Emergency Contact

2: _____ Relationship: _____

Physical Address: _____

City, State, Country: _____ Zipcode: _____

Telephone: (h) _____ (w) _____ (c) _____

Please describe your overall physical and mental health, including any allergies (food, animals, drugs, environmental) or conditions that may interfere with, or limit, your ability to fulfill your volunteer commitments:

Have you ever received any special treatment for alcohol or drug abuse, or any medical or psychological disorders? Yes No

If yes, please explain: _____

Do you smoke? Yes No **If yes, are you able to comply with our Smoking Policy (see the Tremendous Hearts FAQ Sheet)?** Yes No

Do you have any dietary restrictions? Please explain: _____

Do you have a criminal record? Yes No **If yes, please explain:** _____

APPLICATION DETAILS

I would like to volunteer as a:

Physical Therapist Public Health Worker Resource Developer/Fundraiser

Occupational Therapist Clinical Social Worker General Administration

Pastoral/Psychological Counselor Educator

Medical Professional (please specify): _____

Other (please specify): _____

Post Secondary Education:

| <i>Institution</i> | <i>Location</i> | <i>Major/Degree</i> | <i>Graduation Year</i> |
|--------------------|-----------------|---------------------|------------------------|
| | | | |
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| | | | |
| | | | |

Practical Training and Work Experience:

| <i>Position/Responsibilities</i> | <i>Location</i> | <i>Organization</i> | <i>Year</i> |
|----------------------------------|-----------------|---------------------|-------------|
| | | | |
| | | | |
| | | | |

Professional Licenses and Certifications:

| <i>Certification Name</i> | <i>Issuing Body</i> | <i>Expiry Date</i> |
|---------------------------|---------------------|--------------------|
| | | |
| | | |

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|--|--|--|
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| | | |

Current Occupation:

Other Skills, Interests, Hobbies:

Languages (please indicate fluency):

Have you worked as volunteer before? If yes, please give details:

Have you lived or travelled outside of your home country before? If so, please tell us about your experience in detail:

How did you learn about Tremendous Hearts and what interests you about volunteering with us?

How will your education, skills and previous experience benefit your volunteer project in South Africa?

How will your education, skills and previous experience benefit your volunteer project in South Africa? (*continued*)

Please describe yourself including your strengths and weaknesses:

What would you like to gain from your service experience?

Is there anything else you would like us to know about you and/or consider about your application?

ADDITIONAL INFORMATION

I plan to fund my service year from my own resources and/or fundraising:

Yes No

If yes:

- ♥ I have completed the Budget Planning Worksheet and estimate I will need to raise the following amount to fund my service year:

US\$ _____

- ♥ I would like to be connected with other self-funded volunteers to explore shared housing and transportation options:

Yes No

I am applying for a Tremendous Hearts Sponsorship:

Yes No

Are you comfortable driving to, and working in, informal settlements/townships without a travel companion?

Yes No

Many of the people we serve are HIV positive. Tremendous Hearts will provide you with information on HIV transmission. Do you have any objections or concerns about working with people who are HIV positive? If yes, please outline your concerns so we may discuss them with you further:

Many of our service partners are faith-based organizations where prayer and the study of sacred texts are part of daily life. Do you have any objections or concerns about working in a faith-based setting? If yes, please outline your concerns so we may discuss them with you further:

SUPPORTING DOCUMENTS

Please provide Tremendous Hearts with **three (3) letters of recommendation** using the **Recommendation Form**. At least one (1) recommendation should be from someone who has supervised you within the last 24 months (either in your professional work or as a volunteer). **Recommendation letters must be submitted by mail in a sealed envelope directly to Tremendous Hearts by the person providing the reference.**

Reference Name 1: _____ Position: _____

Telephone: _____ Email: _____

Reference Name 2: _____ Position: _____

Telephone: _____ Email: _____

Reference Name 3: _____ Position: _____

Telephone: _____ Email: _____

Please attach:

- ♥ a copy of your resume or CV:
- ♥ a copy of any previously listed or applicable professional licenses or certifications:
- ♥ a recent, passport-sized color photograph of yourself (JPEG files preferred):

DECLARATIONS

I understand that I will be required to provide Tremendous Hearts with an official police clearance and/or criminal background check at my own expense prior to beginning my volunteer assignment in South Africa. I understand that my acceptance as a volunteer depends upon my having no criminal history involving children. _____ (please initial)

I understand that I will be responsible for applying for, and obtaining, any permits or visas required by South African Home Affairs to enter and reside in South Africa. I have reviewed the requirements and application and am reasonably certain that I will qualify for a Visitor's Permit. _____ (please initial)

Signature: _____ Print Name: _____

Date: _____