



APPLICATION FORM
NATIONAL SPORT DEVELOPMENT PROGRAMME

1. PERSONAL INFORMATION

MR/MRS/MISS: _____

FIRST NAME: _____ SURNAME: _____

AGE: _____ SEX: _____

NATIONALITY: _____ ID/PASSPORT/PERMIT NO: _____

PHYSICAL ADDRESS: _____ POSTAL ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE (WORK): _____

TELEPHONE (HOME): _____ FAX: _____

CELL NUMBER: _____ OCCUPATION: _____

2. EMERGENCY CONTACT DETAILS

FULL NAMES: _____ RELATIONSHIP: _____

TELEPHONE (HOME): _____ TELEPHONE (WORK): _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? YES _____ NO _____

IF YES, GIVE DETAILS:

3. EDUCATIONAL BACKGROUND

HIGHEST LEVEL OF EDUCATION:

OTHER CERTIFICATION (E.G, FIRST AID, CPR, LIFE SAVING ETC) AND DATES:

RELEVANT COURSES/WORKSHOPS AND TRAINING:

4. PREVIOUS VOLUNTEER EXPERIENCE

PLACE: _____

DATE/DURATION: _____

ASSIGNMENTS/DUTIES ASSIGNED:

5. CATEGORIES AND CHOICES IN SVM

PLEASE TICK YOUR PREFERRED VOLUNTEER CATEGORY:

COACHING ___ OFFICIATING ___ ADMINISTRATION ___ GENERAL VOLUNTEER ___

MEDICAL _____

PLEASE TICK THE PERSONS/GROUPS YOU WOULD PREFER TO WORK WITH AS A VOLUNTEER:

NO PREFERENCE _____ MALES _____ FEMALES _____

PEOPLE WITH DISABILITIES _____

PLEASE TICK THE DAYS/TIMES THAT YOU ARE AVAILABLE FOR VOLUNTEER WORK

FULL TIME _____

PART TIME

DAYS: MON ___ TUES ___ WED ___ THURS ___ FRI ___ SAT ___ SUN ___

TIMES: _____

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO PROVIDE ABOUT YOUR VOLUNTEER CAPABILITIES?

6. REFERENCES

NAMES _____ NAMES _____

RELATIONSHIP _____ RELATIONSHIP _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

THE INFORMATION PROVIDED BY MYSELF ON THIS FORM IS CORRECT TO MY KNOWLEDGE. I HAVE ALSO READ THE BOTSEWANA VOLUNTEER GUIDELINES AND UNDERSTAND THAT I AM REQUIRED TO SIGN THIS ACCEPTANCE THEREOF.

SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

NAME OF OFFICER: _____ SIGNATURE: _____

DESIGNATION: _____ DATE: _____