

Global Volunteering Application Form 1 (Basic Details)

Please complete and return to:
 Zoë-Life
 Attention: Vicky Simpson
 PO Box 1195
 Westville
 3630
 Email: vicky@zoe-life.co.za

Office Use Only	
Affinis	
Date R'c'd	
Incap	
Deposit	
Acknowledge	

Applicant Information					
Title:	Full Name: (as it appears on your passport)				
Address:					
Town/City:	Province:			Postcode:	
Phone No (Daytime):			Mobile No:		
E-mail Address:					
Date of Birth:			Nationality:		
Blood Group:			Passport No*:		
* Your passport must be machine readable, have at least one blank page free, and must have 6 months left on it at the date you return from your Transform trip.					
Marital status:	Single	Married	Divorced	Widowed	Other
Any dietary, general health or disability needs we should know about? (Please note that very few conditions will prevent participation on a team)					
Choices					
Please check the code (see website) for the type of trip of this application and add the destinations which interest you, in order of preference. Disclaimer: although every effort will be made to accommodate your team choices, we cannot guarantee that you will be placed on one of your specified teams.					
	Trip Type	Destination			
Choice 1					
Choice 2					
Choice 3					
How did you hear about us?					
Tearfund would like to keep you informed about our projects and activities - including information about future trips. If you would rather not hear from Tearfund after your trip please email vicky@zoe-life.co.za upon your return. We will not pass your details on to any other organisation. You can unsubscribe from hearing from us at any time					
Please tick the box if you are happy for us to keep in touch via email <input type="checkbox"/>					
I acknowledge that I have read, understood and accepted both Tearfund's and my own responsibilities as outlined in the "Small Print" document (available on the Global Volunteering website) <input type="checkbox"/>					
Signature:					Date: