MNSAZINGE FOUNDATION

Better Health, Better Life

Volunteer Application Form

The MNSazinge Foundation collects personal information from volunteers for recruitment, placement, communication, and compliance purposes. All information is handled in accordance with the Protection of Personal Information Act (POPIA), Act 4 of 2013.

SECTION 1: PERSONAL INFORMATION

1. Full Name: _____

2. Date of Birth: _____

3. Email Address: _____

4. Phone Number: _____

5. Physical Address: _____

6. City and Country: _____

SECTION 2: AVAILABILITY

7. Preferred volunteering type:

☐ Full-time ☐ Part-time ☐ Once-off / Event-based ☐ Remote / Online

8. Days and times you are available: _____

SECTION 3: SKILLS & EXPERIENCE

9. Areas of interest (tick all that apply):

☐ Community Outreach ☐ Administration ☐ Fundraising

☐ Marketing & Communications ☐ Education / Training ☐ Events Support

☐ Other: _____

10. Relevant skills, qualifications, or experience:

SECTION 4: MOTIVATION

11. Why would you like to volunteer with the MNSazinge Foundation?

SECTION 5: HEALTH, CONDUCT & COMPLIANCE

12. Medical conditions or special needs we should be aware of (optional):

13. Are you willing to comply with the Foundation's policies and code of conduct?

☐ Yes ☐ No

SECTION 6: POPIA CONSENT

By submitting this form, you consent to the MNSazinge Foundation collecting, storing, and processing your personal information for volunteer recruitment, placement, communication, safety, and record-keeping purposes. Your information will be treated as confidential and processed in accordance with POPIA. You may request access to, correction of, or deletion of your personal information at any time.

I consent to the collection and processing of my personal information in accordance with POPIA:

☐ Yes, I consent ☐ No, I do not consent

Name: _____

Date: _____

Signature: _____