



## Lives With A Purpose Foundation

Registration : 236-067

Trauma Debriefing/Counselling  
Emotional Support Network  
Training

Cell/Mobile : (SA) +27 822971941

(UK) +44 7375244561

Email: [catherine@traumacleansing.co.za](mailto:catherine@traumacleansing.co.za) /  
[care.traumacleansing@gmail.com](mailto:care.traumacleansing@gmail.com)

### VOLUNTEER APPLICATION

Thank you for your interest in our organisation and your desire to volunteer your time and resources to assist in attaining the goals and objectives to upskill and equip our communities with trained trauma debriefers and emotional support.

Please ensure that you are able to commit to the hours and services that you offer to this project.

We are serious about serving our community and want to partner with like-minded volunteers.

Kindly complete this form and return to [catherine@traumacleansing.co.za](mailto:catherine@traumacleansing.co.za) with a copy of your ID/Passport and 2 character references.

Full Name : \_\_\_\_\_ Age : \_\_\_\_\_

ID/Passport Number : \_\_\_\_\_ Drivers License : Yes / No (Please submit copy)

Residential Address : \_\_\_\_\_

Telephone Number : \_\_\_\_\_ Email : \_\_\_\_\_

Transport : (Own or Public) \_\_\_\_\_ Marital Status : \_\_\_\_\_

Member of a Community Policing Forum / Neighbourhood Watch / First Responder : (if YES, please provide details )

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Please provide a brief description on where you see yourself positioned in the organisation and what skills / attributes you will add to the organisation as a volunteer.

Experience / Education :

Available hours : (per day/week/month) \_\_\_\_\_

Available days : \_\_\_\_\_

Indicate, by placing an 'X' adjacent to the selection/s, where you would be comfortable volunteering -

Fundraising

Counselling

Psychology

Medical

Administration

Fundraising & Awareness Events

Training Facilitation

Other - specify

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