



CAMP HILL SCHOOL

PO Box 68
Hermanus
7200
Tel. 028 312 4949
Fax: 086 522 1749
school@camphill-hermanus.org.za
www.camphill-hermanus.org.za/school.php

VOLUNTEER CO-WORKER APPLICATION
(PLEASE READ CAREFULLY AND COMPLETE CLEARLY)

Before completing this form and gathering all other documents required for an application please enquire about available volunteer vacancies of the Reception Group at:

schoolreception@camphill-hermanus.org.za

PERSONAL INFORMATION

1. First Name(s): _____ Family name: _____
Name you like to be called: _____
2. Address: _____
3. Telephone: _____ Fax: _____
4. Email: _____
5. Date of birth:day, month year
6. Nationality: _____
7. South African I.D. Number/Foreign passport number: _____
8. Home language: _____ Second language: _____
9. Name, address and telephone number of a relative or close friend (state relationship): _____
10. Marital status: _____
11. Children (state number of children and their ages): _____
12. Other dependants (please list): _____
13. Do you have any financial obligations?: _____
14. Do you have medical insurance? (please give details): _____

GENERAL INFORMATION

15. When would you like to come? (earliest date):
16. For how long?
(Preference is given to applicants who commit for at least 12 months.)
17. What is your motivation to come to Camphill School?
18. Did you ever visit a Camphill community?
19. If yes, which one and for how long?
20. Do you have a driver's licence?
21. Do you play a musical instrument or have other artistic skills?
22. What are your plans, if any, after you leave Camphill?

GENERAL HEALTH

Be assured that your sharing of health issues will be treated with respect and confidence and will not exclude you from acceptance into the community.

23. Do you have any special dietary requirements (e.g. vegetarian)?
24. Do you suffer from allergies ?
25. If yes, please specify:
26. Do you suffer from chronic illness or disability?
27. If yes, please specify:
28. Do you have psychological problems/breakdowns?
29. Have you had or do you have dependencies?
30. Have you ever taken prohibited drugs?
31. If yes, did you stop, and when?

ACCEPTANCE FORM

I,, hereby confirm that I have read, understood and agree to all conditions as stated in the General Information sheet.

Signed at:

Date:.....day.....month.....year

.....
(Signature)

Please enclose the following documents and tick the box next to each item to confirm this:

- Curriculum Vitae**
- Hand-written** letter explaining why you would like to join Camphill**
- Two written references (with the addresses and telephone numbers of the referees)
- A recent photograph of yourself**
- Police report
- Medical and psychiatric evaluation by a qualified doctor
- Consent forms from *Freunde der Erziehungskunst Rudolf Steiners* (Only if you are applying through this organisation)

Other item(s) you find necessary (please specify):

**You do not need to enclose this item if you are applying through *Freunde der Erziehungskunst Rudolf Steiners*

Please send your application to:

The Reception Group
Camphill School
P.O. Box 68
Hermanus 7200
South Africa

Tel: +27 (0)28 312 4949
Fax: +27 (0)86 522 1749
Email: schoolreception@camphill-hermanus.org.za