

## **OVERBERG WILDFIRE VOLUNTEERS**

064 987 4986 / info@overbergwildfirevolunteers.co.za REG. NPC NUMBER 2018/235890/08

MEMBER

**PASSPORT** 

РНОТО

## **MEMBER APPLICATION FORM**

FULL NAME(S)  SURNAME  DATE OF BIRTH  GENDER  POPULATION GROUP
DATE OF BIRTH  GENDER
DATE OF BIRTH  GENDER
GENDER
GENDER
POPULATION GROUP
POPULATION GROUP
'
SOUTH AFRICAN ID NUMBER
PASSPORT NUMBER
COUNTRY OF ISSUE (FOR Passport)
DRIVER LICENCE CODE
DATE DRIVER LICENCE EXPIRY DATE
EMAIL ADDRESS
CONTACT NUMBER
HOME PHONE NUMBER
WORK PHONE NUMBER

DISABILITIES
CTREET ADDRESS
STREET ADDRESS
SUBURB
CITY/TOWN
CITITIOWIN
DOCTOR'S NAME AND SURNAME
DOCTORS'S CONTACT NUMBER
MEDICAL AID PROVIDER
MEDICAL AID NUMBER
DO VOLUMA FANY ALLED CIECS
DO YOU HAVE ANY ALLERGIES?
DO YOU HAVE ANY MEDICAL CONDITIONS?
EMERGENCY CONTACT NAME
EMERGENCY CONTACT NAME
EMERGENCY CONTACT RELATIONSHIP
EMERGENCY PHONE NUMBER
EMERGENET FROME NOMBER
EMERGENCY ALTERNATIVE PHONE NUMBER
WHAT ROLE(S) ARE YOU APPLYING FOR? WILL BE DETERMAND AT GENERAL MEET AND GREET
EXPERIENCE / QUALIFICATIONS / PROFESSIONAL SKILLS BENEFICIAL TO THE OWV
DO YOU HAVE ANY HIKING / OUTDOOR EXPERIENCE?

DO YOU PARTICIPATE IN REGULA	R PHYSICAL ACTIVITY	?		
PLEASE SPECIFY ANY OTHER RELE	VANIT INICODNAATIONI	2 (Diabata Bland n	rossura Mantal & Dhysical had	th. oto \
PLEASE SPECIFY ANY OTHER RELE	VANT INFORMATION	? (Diabets, Blood pi	ressure, Mental & Physical neal	tn; etc.)
L				
I ACCEPT AND AGREE TO THE ABO	OVE INDEMNITY AS T	RUTHFUL TO MY KN	IOWLEDGE.	
SIGNED AT	ON THIS DAY	OF	AND YEAR	·
APPLICANT SIGNATURE	_			
ALL EIGHNI SIGNATORE				
FOR APPROVAL SIGNATURE BY CH	HAIRMAN			
BERNARDUS GROENEWALD	_			
OWV COMMANDER CHIEF				
CHAIRMAN				

PLEASE SUPPLY CLOTHING & BOOT SIZE				
Yellow Long Sleeve Shirt (Fire retardent)				
T-shirt 100% Cotton				
Navy Trousers (Unisex Fire retardent)				
Boot size (Fire resistant ≤300°C)				
Blood Group				
віооц бтоир				