



Volunteer Application Form

Name: _____ Surname: _____

1st Language: _____

2nd Language _____

Pref Language: _____

Contact Number: Tel: _____ Cell: _____ E-mail: _____

Employment Details:

Current Employer: _____ Type of business: _____

Position Held: _____ Working hours: _____

Fellowship Details:

Current Church being attended: _____ Pastor: _____
(please include a reference letter on official letterhead)

Character Referees:

1. Name: _____ Relation: _____ Tel: _____

2. Name: _____ Relation: _____ Tel: _____

Reason for wanting to volunteer: _____

Briefly describe how you became a Christian:

Please indicate which area/dept you would like to volunteer in:

Area/Dept	Yes/No	Relevant skills/ experience in this area/department
Presenter		
Producer		
Sound Engineer		
Prayer Friend		
Sales and Marketing		
Administration		
News Reader		

I, _____ am willing to submit to the policies of Gateway Radio as stated in the Gateway Radio staff policies and relevant procedure manuals. I accept the aims, objectives and constitution of Gateway Radio. I accept that I am a volunteer and have no employees status.

Full Name and Surname: _____ ID number: _____

Signature: _____

Date: _____

For office use only:

Copy of ID Document	
Pastor's Letter	