



TAPE AIDS FOR THE BLIND
 A National Library Service for the Blind & Print-Handicapped
 002-101 NPO / PBO 93000935

CONFIDENTIAL

VOLUNTEER'S APPLICATION

APPLICATION FOR VOLUNTEER'S PARTICIPATION IN THE TAPE AIDS PROGRAMME (TAPE AIDS, AN ASSOCIATION INCORPORATED UNDER SECTION 21 OF THE COMPANIES ACT OF 1973)

HEAD OFFICE

Tape Aids House
 14 Mitchell Crescent, Durban 4001
 P O Box 47016, Greyville 4023
 Tel: (031) 3094800 □ Fax: (031) 3091105
 Email: director@tapeaids.org.za

SECTION A

(Please print)

SURNAME: _____

(Please tick)

TITLE: (Prof/Dr/Rev/Mr/Mrs/Miss/Ms)

FIRST NAMES: _____

I.D. NUMBER: _____

RESIDENTIAL ADDRESS: _____

_____ CITY / TOWN _____ POSTAL CODE: _____

ADDRESS TO WHICH ALL CORRESPONDENCE SHOULD BE SENT: _____

_____ CITY / TOWN _____ POSTAL CODE: _____

TELEPHONE: (Home) () _____ (Work) () _____

(Cell) _____ (Email) _____

ALTERNATE CONTACT: NAME: _____

ADDRESS: _____

_____ CITY / TOWN _____ POSTAL CODE: _____

TEL: (Home): _____ (Work): _____ (Cell): _____

HOME LANGUAGE: _____ RELIGION: _____

ACADEMIC QUALIFICATIONS: _____

SPECIAL QUALIFICATIONS: _____

(Subject areas in which you have particular interest, experience or skill e.g. law, technical, science, computers etc.)

OCCUPATION: (Past) _____ (Current) _____

SPECIFY HOBBIES AND INTERESTS: _____

SPECIFY ANY SERVICE ORGANISATION, SPORTING BODY OR ANY OTHER ORGANISATION OF WHICH YOU ARE A MEMBER:

WHEN DID YOU JOIN TAPE AIDS FOR THE BLIND? _____

SECTION B

Please select which programme you would like to be involved in.

	PLEASE TICK	FOR OFFICIAL USE ONLY
1. <u>PRODUCTION</u>		
STUDIO READER		
EDITOR		
MAGAZINES		
QUALITY CONTROLLER		
LISTENER'S GUILD COMMITTEE MEMBER		
BOOK SELECTION COMMITTEE MEMBER		
BOOK PANEL COMMITTEE MEMBER		

<i>DO YOU OBJECT TO READING BOOKS WITH THE FOLLOWING CONTENT?</i>	YES	NO	
EXPLICIT SEX			
VIOLENCE			
HORROR			
POLITICS			
BAD LANGUAGE			
BLASPHEMY			
RELIGION			
SCIENCE FICTION			

<u>LANGUAGE ABILITY:</u>	FLUENT	MODERATE	MINIMAL
Fluency in other languages: _____ _____ _____			
Fluency in other accents: _____ _____ _____			

Countries with which you are familiar:	_____ _____ _____	_____ _____ _____
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	PLEASE TICK	FOR OFFICIAL USE ONLY
<u>2.</u> <u>ACADEMIC DEPARTMENT</u>		
HOME READER		
EXPRESS READING		
COPYING		
ADMINISTRATION		
WHAT RECORDING EQUIPMENT DO YOU HAVE? _____ _____ _____ _____ _____		
<u>3.</u> <u>CIRCULATION LIBRARY</u>		
MEMBER'S HOME VISITOR		
LIBRARY ADMINISTRATION		
SERVICING MINI LIBRARY		
ASSIST WITH BRANCH LIBRARY		
<u>4.</u> <u>FUNDRAISING</u>		
I am willing to assist Tape Aids for the Blind with the raising of funds.		
<u>5.</u> <u>ADMINISTRATION</u>		
OFFICE		
GENERAL ADMINISTRATION		
<u>6.</u> <u>TECHNICAL</u>		
MACHINE REPAIRS		
ELECTRICAL		
OTHER		

4.

DISCLAIMER

I hereby irrevocably cede, assign and make over to and in favour of Tape Aids for the Blind and its associated Section 21 Company, (hereinafter referred to as the Association) all of my rights, title and interest in and to all and any audio production(s) of Tape Aids for the Blind or such Company in which I am or may be involved.

I undertake not to copy, make, distribute and/or sell (whether in my personal capacity or otherwise) any such audio production and I undertake further to protect and preserve the copyright of Tape Aids for the Blind and its licensors from time to time.

I hereby indemnify the employees and agents of the Association and hold them safe and harmless against all and any claims of whatsoever nature and howsoever arising.

In regard to any damage to/loss of property or injury to persons or loss of life whether with regard to myself or to others which may be incurred in the exercise of my duties on behalf of and my association with the Association I agree and acknowledge that the Association may not be held liable by me or any other for any such loss, damage or injury.

DATE: _____

SIGNATURE: _____

FOR OFFICIAL USE ONLY:

SEEN BY:

ACCEPT:

DECLINE:

SIGNATURE:

PRODUCTION:	READER			
	MONITOR			
	EDITOR			
EDUCATION				
CIR. LIBRARY				
FUNDRAISING				
ADMINISTRATION				
TECHNICAL				