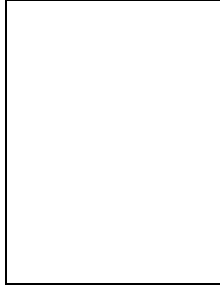




**APPLICATION FOR APPOINTMENT AS MEMBER OF THE DISASTER MANAGEMENT
VOLUNTRY CORPS OF GARDEN ROUTE DISTRICT MUNICIPALITY
(Act on Disaster Management, Act 57 of 2002, Art 58)**



PHOTO

1. Full name and surname.....
2. Sex.....
3. Age.....
4. Identity Number.....
5. (a) Full residential address.....
- (b) Full business address.....
- (c) Profession.....
6. Telephone number & dialing code: Home:.....Office:.....
7. Are you member of :
 - (a) The S.A. Police.....YES/NO
 - (b) The Police Reserve.....YES/NO
 - (c) The Reserve Police Force.....YES/NO
 - (d) The Correctional Service.....YES/NO
 - (e) The Permanent Force.....YES/NO

8. Nature of service in respect of which the applicant is prepared to commit him/herself

.....
Signature of Applicant.....Date.....

UNDERTAKING

I, the undersigned, hereby solemnly and sincerely and for as long as I remain a member of the Garden Route District Municipality Disaster Management Corps, bind myself to render the best of my ability and without fear or contradiction the service referred to in this application, and to undergo training in connection therewith of the Disaster Management Act, Act 57 of 2002, Art 58 and the Regulations promulgated there under.

Signature of Applicant.....

The applicant has entered into and signed the undertaking before me onatafter acknowledging that he/she/ she knows and understands the contents thereof.

Chief : Disaster Management.....

HEALTH QUESTIONNAIRE FOR DISASTER MANAGEMENT

STRICTLY CONFIDENTIAL

Date of Birth..... Length.....m Body mass.....kg

- Are you suffering or are you suffering from (if any is YES, give details of the nature, severity, date and duration of the illness)
- Any skin disease?.....
- Any affection of the skeleton an/or joints?.....
- Any affection of the ears, eyes or nose?.....
- Any affection of the heart or circulatory system?.....
- Any affection of the chest or respiratory system?.....
- Any affection of the digestive system?.....
- Any affection of the urinary system and/or genital organs?.....
- Any nervous affection or mental abnormality?.....
- Any other illness?.....
- Do you suffer from any defect of hearing, speech or sight?.....
- Are you physically disabled and do you use artificial limbs?.....
- Have you undergone any operations?.....

I declare that the above information is true and correct and that I have not withheld any information regarding my health.

Signature of applicant.....Date.....

CONSENT BY PARENT OR GARDIAN

I, the undersigned, being the legal guardian of.....Date.....
 Hereby consent to the abovementioned undertaking.

Signature of Parent/Guardian.....Capacity.....Date.....

ACCEPTED/REJECTED

Head: Disaster Management.....Date.....

Remarks.....

