

## VOLUNTEER SELF-PROFILE

### August 2018 (Mohales' Hoek)

**Great! You have decided to return to your SKL Led Consortium Volunteer roles. We look forwards to receiving your re-engagement profile. The SKL Led Consortium Volunteer roles are open for young people between the ages of 19 and 35 currently residing in the Mafeteng, Mohale's Hoek, Quthing and Qacha's Nek.**

**By Completing this form, you are requesting to be considered for re-engagement within the SKL Consortium AGYW Project from August 2018. Note that your re-engagement will continue within the role/portfolio you were already enrolled in by June 2018.**

**To begin your profile, please confirm which volunteer role you were under:**

Peer Educator ☐      Empowerment Worker ☐      HTS/Lay Counsellor ☐  
 Paralegal ☐      Data Collector ☐

#### • PERSONAL DETAILS

Name(s):	Surname:
Date of Birth:	Nationality:
Village ( <b>mandatory</b> ):	Sex: (please tick the right box) <b>Female</b> <input type="checkbox"/> <b>Male:</b> <input type="checkbox"/>
<u>Community Council (<b>mandatory</b>):</u>	
Mohales' Hoek Urban Council <input type="checkbox"/>	Siloe Council <input type="checkbox"/> Mashaleng Council <input type="checkbox"/>
Thaba-Mokhele Council <input type="checkbox"/>	Lithipeng Council <input type="checkbox"/> Khoelenya Council <input type="checkbox"/>
Qhoasing Council <input type="checkbox"/>	Senqunyane Council <input type="checkbox"/>
Passport/ID Number: <input type="text"/>	Your Ecocash Number: <input type="text"/>
SKL Volunteer ID: <input type="text"/>	
Contact Numbers: <input type="text"/>	Email Address: <input type="text"/>
Physical Address:	Postal Address:

#### **Please rate yourself on the following dimensions**

**Use the following gradings (STRONG, OK and WEAK)**

Commitment to AYP Project <input type="checkbox"/>	Problem-Solving Ability <input type="checkbox"/>
Commitment to Learning <input type="checkbox"/>	Flexibility & Adoptability <input type="checkbox"/> Self-confidence <input type="checkbox"/>
Ability to work with others <input type="checkbox"/>	Sensitivity to the needs of others <input type="checkbox"/>
Ability to maintain confidentiality <input type="checkbox"/>	

## Performance Valuation

<b><i>Which areas of your roles do you feel you need additional/more support in?</i></b>			
Understanding Sessions Content	<input type="checkbox"/>	Completing Activity Schedule	<input type="checkbox"/>
Completing Data collection Tools	<input type="checkbox"/>	Completing Sessions Planning Forms	<input type="checkbox"/>
Creative ways for Engaging Young People	<input type="checkbox"/>	Community Leaders Mobilizations methods	<input type="checkbox"/>
Facilitation Skills	<input type="checkbox"/>	Referral places in the community	<input type="checkbox"/>

## Additional Skillsets:

<b><i>What skills and experience can you offer to the SKL Consortium? Please indicate in the right column and briefly describe</i></b>	
Counselling	
Youth Clubs & Recreational Activities	
Leadership	
Social Media & communications	
Theatre & Drama	
Data Collection & Reporting	
Sports development & Coaching	
Disability & Sign-language	
Legal & SGBV case handling	
Computer Skills (Excel competency)	
Fundraising	
Financial Management	
Writing articles & newsletters cripts	
Photography	

## DECLARATION

All the disclosed information is, to my knowledge, true and accurate. I give my permission for the information provided to be used solely for my re-engagement processes and all related communication.

Date .....

Signature: .....