

VOLUNTEER APPLICATION FORM



Gift of the Givers
FOUNDATION



Name of Volunteer:	
ID Number:	
Contact Number:	
Physical Address:	
HPCSA Registration Number:	
Reasons why you want to Volunteer:	
Next of Kin:	Name:
	Contact Number:
Do you have any criminal convictions?	

REQUIRED DOCUMENTS:

- Copy of your ID
- Signed Copy of this Form
- Professional Indemnity – Medical Volunteers

"BEST AMONG PEOPLE ARE THOSE WHO BENEFIT MANKIND"

Tel: 0800 786 911, +27 (0)33 345 0163, +27 (0)33 345 0175
Address: 290 Prince Alfred Street, Pietermaritzburg, 3200
Web: www.giftofthegivers.org
Email: info@giftofthegivers.org

NPO: 032-031



TERMS AND CONDITIONS



Gift of the Givers
FOUNDATION



Actively living our values is critical in all that we do. Our organisation is positioned as a respectful guardian of hope and a protector of dignity and, therefore, the manner in which we deal with all people, irrespective of race, religion or gender is about respect and being the provider of hope.

Our organisation's guiding principle is that 'best among people are those who serve mankind,' and this is the sentiment behind everything we do.

1. I acknowledge that I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of Gift of the Givers, and that Gift of the Givers will not provide any employment benefits to me.
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity.
3. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that Gift of the Givers is not responsible for conditions that I create myself or those created by other volunteers or participants.
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify Gift of the Givers, its officers, officials, employees, agents and volunteers from and against any and all legal claims, loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) or liability of any kind arising out of this volunteer activity, whether caused by the negligence of the Gift of the Givers or otherwise.
5. To confirm: I fully, completely, and unconditionally waive and release Gift of the Givers from all my rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that I may have now or in the future against Gift of the Givers relating to participation as a Volunteer.
6. I represent and warrant that I am physically and mentally fit to volunteer. Should an accident or other medical emergency occur while participating as a Volunteer then I admit that I am responsible for the medical costs incurred thereby. I further represent and warrant that I have sufficient medical insurance coverage (or savings) and agree to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

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7. I understand and agree to the following:
 - a) I will treat all people and property that I come into contact with at Gift of the Givers with respect.
 - b) I will refrain from using profanity and conduct myself with courtesy at all times.
 - c) I will be on time for any volunteer commitments that I have provided.
 - d) I will come appropriately dressed and agree to follow Gift of the Givers organisation policies.
 - e) I give permission to Gift of the Givers to use photographs or video footage of my volunteer activities.
 - f) No volunteer may have contact with the media regarding any matter that Gift of the Givers is dealing with or involved in without the written permission of the Director of Operations ("Director").
 - g) I acknowledge that if I am found to be dishonest, commit any act of insubordination; committing a crime, or act in any manner which is not in the best interests of Gift of the Givers, then at the sole discretion of the Director, I shall be dismissed as a volunteer of Gift of the Givers.
 - h) I acknowledge that I am not a legal or authorized representative of the Gift of the Givers.
8. I understand that as a volunteer I may gain access to information about Gift of the Givers, donors, or staff that is confidential. I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.
9. Volunteering at Gift of the Givers is at my will and I fully acknowledge the above terms and conditions.

Signature of Volunteer

Date

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