



Seabird Internship Programme Application form

CONTACT INFORMATION				
Full name:		Title:		
Postal Address:				
Email:				
GENERAL INFORMATION				
Date of Birth (dd/mm/yyyy):		Age (18 years & older):		
Gender:		Occupation:		
Which languages do you speak:				
Do you have any physical restrictions or limitations? <i>(We need to know so that we may accommodate you)</i>	Yes		No	
Do you have any medical condition we should be aware of?	Yes		No	
Do you have any allergies?	Yes		No	
Do you have a criminal record?	Yes		No	
If yes to any above questions, please elaborate:				
Emergency contact:		Telephone number:		
INTERNSHIP INFORMATION				
Which internship would you like to apply for? <i>Please indicate preference if more than 1 interest listed (1=1st preference, 2=2nd preference, 3=3rd preference).</i>				
Seabird Rehabilitation	3 months		6 months	
Penguin Nursery	3 months		6 months	
Seabird Chick Rearing	6 months			
When would you like to start?				
MOTIVATION FOR PERSUING AN INTERNSHIP AT SANCCOB:				
WHERE DID YOU FIND OUT ABOUT SANCCOB:				
REFERENCE (Personal or professional)				
Name:		Relation:		
Contact details:				

Please tick all the boxes below to indicate that you agree with the following:

- I have attached my CV and a letter of motivation to this application
- I agree to have an up to date Tetanus vaccination
- I understand that interns do not receive financial or in-kind remuneration
- I agree to complete the full internship period that I am committing to
- I understand the work is physical by nature and I will be working in all weather conditions, frequently outside
- I understand that the work I do for SANCCOB as an intern remains the intellectual property of the organisation
- I have completed the indemnity form on the reverse side of this form.
- I agree to be added to the SANCCOB mailing list as a form for SANCCOB to stay in touch

Applicant's Signature: _____ Signed (day/month/year) _____

Witness: _____



SANCCOB (Association incorporated under section 21) ("SANCCOB")

INTERN@SANCCOB INDEMNITY FORM

1. I, _____, the undersigned in my personal capacity as a major adult over the age of 18 years; hereby acknowledge, agree and undertake in favour of SANCCOB, its directors, employees, representatives and agents ("**the Indemnified Persons**") that:
 - 1.1 the Indemnity Grantor is fully aware that the duties of a SANCCOB volunteer may involve hazardous activities and the Indemnity Grantor fully accepts all the risks associated therewith;
 - 1.2 the Indemnity Grantor hereby releases the Indemnified Persons from all liability and holds each and all of the Indemnified Persons harmless against all claims, damages, injuries, losses, deaths, expenses and liabilities arising out of or in any way connected with interning at SANCCOB, including without limitation:
 - 1.2.1 any personal injury or loss of life;
 - 1.2.2 any loss of support, maintenance or other claims or damages arising from or connected with any personal injury or loss of life to the Indemnity Grantor; and
 - 1.2.3 any loss or damage to clothing or property belonging to the Indemnity Grantor or any other third party which may occur whilst the Indemnity Grantor is working as a SANCCOB volunteer,whether arising out of strict liability, statute or otherwise and whether caused by the negligence or gross negligence on the part of the Indemnified Persons or any other person or otherwise.
2. Each clause of this deed of indemnity is independent and severable from all other clauses.
3. The acknowledgements, agreements and undertakings in this indemnity shall be deemed to be made in favour of the directors, employees, representatives and agents of SANCCOB, capable of acceptance at any time.
4. Each element of the release from liability and/or indemnity in respect of each cause or activity covered by this release from liability and/or indemnity shall be separate and severable from the other elements.
5. This indemnity shall in all respects be governed by the laws of the Republic of South Africa, and all disputes, actions and other matters arising in connection therewith shall be determined in accordance with such laws.

Signed on (day/month/year) _____

PARTICIPANT

WITNESS

SANCCOB

Signature

Signature

Signature

Name (print)

Name (print)

Name (print)