



Local Volunteer Programme (Table View centre) Application form

CONTACT INFORMATION							
Full name:						Title:	
Physical Address:							
Postal Address:							
Cell number:		Home number:		Work number:			
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/s 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:			
Medical Aid:	Yes	No	If yes, please provide a copy of your medical aid card which can be used in the event of an emergency				
Which hospital may you be taken to in the event of an emergency?							
VOLUNTEERING INFORMATION							
AREA OF INTEREST TO VOLUNTEER <i>(see more information about different areas in info pack):</i> Please indicate a preference if more than 1 interest is listed (1=1 st preference, 2=2 nd preference, 3=3 rd preference).							
Birds		Driving		First Responder			
Education							
AVAILABILITY:							
Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Full day							
What is your motivation for volunteering?							
Where did you find out about SANCCOB?							
REFERENCE (Personal or professional)							
Name:						Relation:	
Contact number:							

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

- I agree to have an up to date Tetanus vaccination if you plan on working with the birds
- I understand that volunteers do not receive financial or in-kind remuneration
- I understand that the work I do for SANCCOB as a volunteer remains the intellectual property of the organisation
- I have completed the indemnity form on the reverse side of this form
- I have submitted a copy of my Identification document and valid driver's license if I have one
- 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 Name and Signature: _____

Please note: The Protection of Personal Information (POPI) Act is South Africa's data privacy law and is designed to protect how your personal information is collected and managed overall. Your personal information is being processed in line with the reason for which you provided it. [You will find our POPI and Privacy Policy online here.](#)

SANCCOB NPC ("SANCCOB")

INDEMNITY FORM

1. I, _____, the undersigned in my personal capacity as a major adult over the age of 18 years ("Indemnity Grantor"); hereby acknowledge, agree and undertake in favour of SANCCOB, its directors, employees, representatives and agents including the landowners who grant access to their property and all their respective representatives and agents ("**the Indemnified Persons**") that:
 - 1.1 the Indemnity Grantor is fully aware that the duties of a SANCCOB volunteer/intern may involve hazardous activities and the Indemnity Grantor fully accepts all the risks associated therewith;
 - 1.2 the Indemnity Grantor hereby indemnifies and holds harmless the Indemnified Persons against any claims occasioned as a result of my volunteering activities for SANCCOB, of whatsoever nature or howsoever caused, including, without limitation, any loss, including any loss or damage to clothing or property, injury, personal injury or loss of life, harm, illness, death or damage, including any other third party, of whatsoever nature and howsoever caused, including arising directly or indirectly out of any act or omission, including negligent acts or negligent omissions by the Indemnified Persons, including gross negligent acts or omissions by the Indemnified Persons and including any claim for consequential loss or damage, loss of profits or any claim by any of my dependants for loss of support, maintenance or other claims or damages, arising from my volunteering/internship activities for SANCCOB.
2. The Indemnified Persons do not accept any responsibility for any claim whatsoever arising from death, injury, illness or loss and/or damage to person or property occasioned as a result of or arising from my volunteering/internship activities for SANCCOB.
3. Each clause of this deed of indemnity is independent and severable from all other clauses.
4. 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.
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.
6. I confirm that I have read and understand the importance and meaning of this liability disclaimer and indemnity.

Signed on (day/month/year) _____

PARTICIPANT

WITNESS

SANCCOB

Signature

Signature

Signature

Name (print)

Name (print)

Name (print)