



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 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:				
VOLUNTEERING INFORMATION								
AREA OF INTEREST TO VOLUNTEER <i>(see more information about different areas in info pack):</i> Please indicate preference if more than 1 interest listed (1=1 st preference, 2=2 nd preference, 3=3 rd preference).								
Administration			Driving			First Responder	<i>(see FR form)</i>	
Birds			Education			Fundraising		
Research			Finance			Other		
AVAILABILITY:								
Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
AM								
PM								
Full day								
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 remain 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: _____



SANCCOB (Association incorporated under section 21) (“SANCCOB”)

VOLUNTEER@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 volunteering 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 clause 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)