



VOLUNTEERS

Please assist us by completing this form so that we can have your information on our database.

NAME DATE

ADDRESS

TEL. (H) (W) (C)

EMAIL ID NUMBER.....

LANGUAGES SPOKEN

DO YOU HAVE A VALID DRIVER'S LICENCE (IF VOLUNTEERING AS A DRIVER)? YES NO

PREFERRED area OF VOLUNTEER WORK (PLEASE TICK)

- TRANSPORT e.g. taking residents to hospital, clinics etc. EMERGENCY TRANSPORT
- ASSIST WITH FUNDRAISING COLLECTING DONATIONS
- HELPING IN OUR GARDEN HELPING IN OFFICE
- SKILLS, EXPERTISE, KNOWLEDGE ASSIST AT CHILD CARE FACILITY
- 'ADOPT-A-ROOM': paint, replace curtains, duvets, duvet covers, pillows, pillow cases, sheets, put pictures on the walls; provide bedside tables, bedside lights, fix cupboards and drawers in the room; put up a mirror
- 'ADOPT-A-FAMILY': assist with the payment of accommodation fees for the family in that room
- 'ADOPT-A-SCHOLAR': assist with uniform, shoes, satchel, stationery, books; assist with money for transport to school; assist with school fees
- GENERAL MAINTENANCE e.g. painting, plumber, electrician etc.
- ANY OTHER SKILLS.....

ALTERNATIVE VOLUNTEER ASSISTANCE (PLEASE TICK)

- I cannot help as a volunteer but I would like to make a special donation of R
- I cannot help as a volunteer but I would like to make a monthly donation of R

Thank you for offering us your service
DELENE ROBERTS
MANAGER



VOLUNTEERS

agreement BETWEEN SISTERS INCORPORATED AND VOLUNTEER

NAME

ADDRESS

- It is agreed that all volunteers have to be members of Sisters Incorporated. A membership form must be filled out and R100 (one hundred rand) subscription for the year is paid. This will cover the volunteer on our Indemnity.
- It is agreed that no volunteer will get involved in any form of counselling with the residents. As some of the residents are in hiding, it is agreed that only first names are to be used and no questions will be asked of residents.
- It is agreed that the volunteer will not give any money, food or clothes to a resident. If the volunteer wishes to give something, this will be given to the Manager or Social worker of Sisters Incorporated for distribution.
- The volunteer will not be paid for services rendered unless specially agreed up on by the Manager.
- It is agreed that no volunteer will divulge any information about any resident outside of Sisters Incorporated.
- It is agreed that the volunteer will not speak out on behalf of Sisters Incorporated to the media, newspaper nor radio, unless authorised by Management to do so.

SIGNED

.....
FOR AND BEHALF OF SISTERS INCORPORATED (NAME AND POSITION)

.....
DATE

.....
VOLUNTEER

.....
DATE

FOR OFFICE USE

NAME PAID DATE

AREA OF SERVICE

AVAILABLE DAY/S TIMES

COMMENT



VOLUNTEERS

SISTERS INCORPORATED VOLUNTEERS INDEMNITY FORM

I in my personal capacity as a volunteer, and only in so far as I am discharging my duties as a volunteer, hereby acknowledge that:

- I am aware of the full nature, extent and duration of the service and attention being offered by **Sisters Incorporated**
- for this reason, I hereby waive all and every claim/s, whether past, present or future, of whatsoever nature and arising from whatsoever cause, that I have or may have (whether arising from any contract or delict, or from any civil or criminal cause or action), whether arising now or in the future or that may accrue to me against all or any of the members or residents or staff of **Sisters Incorporated** and/or its management committee and general committee and/or assistants and helpers
- furthermore, I hereby indemnify the said members, staff, residents, committee and council of **Sisters Incorporated** and/or persons associated with **Sisters Incorporated** in whatsoever capacity against any action aforesaid, which I may have or ever may have and/or arising from any act or omission by them and/or any other residents in the home and wherever such may be caused or arise, whether in the home or in any other place.

DATED AT ON THE
(PLACE) (DAY) (MONTH AND YEAR)

SIGNED.....