



iKhethelo Children's Village

A Loving Community Raising Vulnerable Children to Wholeness

Tel: +27 (0) 31 020 0221

D826 Manqoba Drive

P.O. Box 1948

Email: volunteer@ikhethelo.org

Bothas Hill

Hillcrest

Web: www.ikhethelo.org

3610, KZN

3650, KZN

South Africa

South Africa

A Section 18A Charity

Registration No. 2001/004117/08

PBO No. 18/11/13/358

NPO No. 215-074

Non-Residential Volunteer Application

(Please Complete Using Uppercase Letters)

Personal Information

Name:

Address:

.....

Home Phone:

Cell Phone:

Email:

SKYPE name:

Date of Birth:

Marital Status:

Gender (M/F):

Identity / Social Security Number (for background check):

What days of the week and times of day are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Personal History

Education: Please list your place of study and qualification starting with your highest level.

Institution's Name

Location

Years Attended

Degree/Certificate

.....

.....

.....

.....

Please provide the details of any specialised education or courses that may be particularly helpful to your volunteer work at iKhethelo:

.....

.....

.....

.....

Please list your employment history for the past five years:

Company	City, State	Position	Dates Employed
.....
.....
.....
.....

Have you been convicted of a criminal offense (felony or serious misdemeanour)? If yes, state the nature of the crime, when and where convicted, and disposition of the case. (Attach separate sheet if necessary)

.....

.....

.....

.....

Do you routinely attend a church? If yes, please provide the following information:

Name of Church	City	Years Attended
.....
.....
.....

Are you currently dealing with any significant health issues? If yes, please provide details.

.....

.....

.....

Describe what hobbies and skills you possess that would be beneficial as a volunteer at iKhethelo. (Please attach separate sheet if necessary.)

.....

.....

.....

.....

How will you travel to iKhethelo on the days you volunteer?

- Your own car
- Lift from family/friend
- Public transport
- Other (please specify)

Please explain in detail (we encourage you to attach a separate sheet) why you are interested in volunteering at iKhethelo.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

References: List below three persons not related to you who have knowledge of your skills, ability and character.

Name	Relationship	Email
.....
.....
.....

I confirm that to the best of my knowledge, the information provided in this application form is true and correct.

.....

Applicant's Signature Date

.....

Parent's or Guardian's Signature Date
(If Applicant is less than 18 years of age)

iKhethelo Indemnity Form

I, _____ (given name and surname) hereby authorise iKhethelo Children’s Village to thoroughly investigate my references, criminal record and other matters related to my suitability for volunteering with the iKhethelo. In addition, I hereby release iKhethelo and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

HEALTH and HYGIENE

I have been informed that some of the children who are cared for at iKhethelo have been diagnosed as carrying the HUMAN IMMUNODEFICIENCY VIRUS (i.e. they are HIV positive). Although it is highly unlikely that I will ever contract this virus from working with the children, I recognise that there is a risk that I could be exposed to the virus if I do not adhere to all safety, health and hygiene procedures recommended by iKhethelo management. I therefore agree to familiarise myself with (if I am not already aware of) all health and safety procedures and practices regarding HIV (and the final outcome of this virus i.e. ACQUIRED IMMUNE DEFICIENCY SYNDROME – AIDS), so as to ensure maximum protection for myself against the risk of acquiring this virus. I hereby indemnify and hold the Management, Trustees, Principals, Fellow Volunteers, Children and Staff of iKhethelo not responsible for any illness, loss or damage that may occur during the course of voluntary service at iKhethelo.

PRIVACY

In the best interests of the privacy of the children here, I will use discretion when providing any information about the children. If I am taking photos, I will try to use only group photos. I will not use the surnames or HIV status of the children, or divulge any personal information about them.

COMPLIANCE

I agree to comply with any rules, regulations and instructions established by iKhethelo, and I understand that failure to comply may result in immediate termination of my volunteer opportunity. I also understand that should the management feel that the manner in which I am working during the period I am a volunteer is not in the best interests of the children at iKhethelo, that they reserve the right to ask me to leave at short notice. (Their desire being that this never occurs and that should they have to follow this course of action, it would only be as a last resort).

Signed

_____ at _____ Date _____

Witness _____ Print Name _____

Witness _____ Print Name _____