



## **SINAKEKELE CHILDREN**

**Raising the future**

Plot 1333, Road P521, Oakford, Verulam, 4340  
P O Box 278, Verulam, 4340  
Tel: 083 300 9259 / 083 411 0789  
E-Mail: info@sinakekele.org.za

### Local Volunteer Application Form

#### Biographical Details

Surname:		First Names:	
Gender: M / F		Age	
ID Number:		Email Address:	
Physical Address			
Postal Address			
Phone No (Home)		(Cell)	
Drivers License:	Y / N		

#### Health

Do you have any allergies?	Y / N	Medical condition you would like us to know about?	Y / N
<i>If yes, please specify.</i>		<i>If yes, please specify.</i>	

#### Police Clearance / Form 30 Clearance

<i>Please attach Police clearance and Form 30 Clearance (Sexual Offenders Register). Sinakekele can provide you with the information required in order to obtain these.</i>
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#### References : (Please don't offer family members as references)

1.	2
Name	Name
Association to Applicant	Association to Applicant
Telephone Number	Telephone Number
E-mail Address	E-mail Address

#### Particulars of Next of Kin

Name	
Relationship	
Telephone Number	
E-mail address	

#### Additional Information

<i>Please attach an additional page, telling us a little about yourself and why you would like to volunteer:</i>

#### Indemnity

I, \_\_\_\_\_ (full name of applicant, or parent / guardian, if under 21) hereby absolve Sinakekele Children, its agents, management and staff, of any liability with regard to any claims of any nature arising from death, injury or loss of any nature to my person or property (or to the minor's person or property if this is signed by a guardian), whilst on or off the premises of the abovementioned organisation.  
This indemnity shall apply whether or not the death, injury or loss may have been caused by negligence or otherwise on the part of Sinakekele Children, its agents, management and/or staff.  
This indemnity is binding on me, my heirs, and any executors, administrators and/or assigned or appointed representative. I acknowledge that I am aware of the full meaning and implications of this indemnity.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

Signed : \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian to sign if applicant is under 21 years of age)

"Each of you should look not only to your own  
interests, but also to the interests of others."  
Philippians 2:4