



" A CELEBRATION OF LIFE "

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3660

A Section 21 Company Registration No. 2001/004117/08 NPO No. 006855

Day Volunteer Form

Name:

Address:

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Home Phone: Work Phone: Cell Phone:

E Mail:

Date of Birth: Marital Status:

Identity / Social Security Number (for background check):

Are you visiting Makaphutu as an individual?..... (check if yes)

Or Group. If so name of Group.....

Have you been convicted of a criminal offense (felony or serious misdemeanor)?

Are you currently dealing with any significant health issues which could impact a vulnerable child? If yes, please explain to a staff member.

Employer or Place of study	Phone number	Position	Dates Employed
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Name of Current Church	City	Number of Years Attended?
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Describe what hobbies and skills you possess that would be beneficial as a volunteer at Makaphutu. (Please attach separate sheet if necessary.)

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

Name	Relationship	Phone Number
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PLEASE READ CAREFULLY, AND SIGN BELOW

I _____ hereby authorize Makaphutu to thoroughly investigate my references, criminal record and other matters related to my suitability for volunteering with Makaphutu. In addition, I hereby release Makaphutu 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.

I am aware that some children at Makaphutu may be HIV positive, and that I will accordingly take suitable care and responsibility for my own wellbeing.

I confirm that to the best of my knowledge, the information provided in this application form is true and correct, and that I have read the attached Makaphutu Volunteer Information regarding policies and rules, and will abide by them. I agree to comply with any rules, regulations and instructions established by Makaphutu, Lily of the Valley (LoV South Africa) and/or Lily of the Valley Endeavor (LoVE) USA; and I understand that failure to comply may result in immediate termination of my volunteer opportunity.

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Applicant's Signature Date

.....
Parent's or Guardian's Signature Date

(If Applicant is less than 18 years of age)