



" A CELEBRATION OF LIFE "

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Botha's Hill

3660

A Section 21 Company

Registration No. 2001/004117/08

NPO No. 006855

Volunteer Application

Personal Information

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):

Proposed Dates of Stay at Makaphutu : From: To:

If you are a non-resident of South Africa, your proposed dates in the Country, From:.....To:.....

Personal History

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

Institution's Name

Location

Years Attended

Degree/Certificate

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

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Please list your employment history for the past five years:

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

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Have you ever been on a mission trip? If yes, please provide details.

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

Name of Church	City	Years Attended
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Have you ever led a Bible Study? Are you prepared to lead Makaphutu Children in one if asked?

Have you ever been hospitalized? If yes, please provide details.

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

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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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Please explain in detail how you will arrange support for your financial needs while you are at Makaphutu.

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

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

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Applicant's Signature	Date

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

(If Applicant is less than 18 years of age)

MAKAPHUTU /LILY OF THE VALLEY INDEMNITY FORM

I, _____ (Full name and surname) hereby authorize Makaphutu/Lily of the Valley 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.

FINANCIAL SUPPORT

I understand that I am responsible for raising financial support for the period of time that I will be volunteering at Makaphutu. Furthermore, if a foreign national, that I will not be allowed to leave for South Africa until such time that I have either raised all of the money or have pledges committed for the entire period of time that I will function as a volunteer.

HEALTH and HYGIENE

I have been informed that some of the children who are cared for at the Lily of the Valley /Makaphutu Children's Villages have been diagnosed as carrying the HUMAN IMMUNODEFICIENCY VIRUS (ie. 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 Makaphutu/Lily management. I therefore agree to familiarize 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 ie. 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 Lily of the Valley /Makaphutu not responsible for any illness, loss or damage that may occur during the course of my stay here.

PRIVACY

In the best interests of the privacy of the children here, I will use discretion when sending any information about the children. If I am sending photos back home, I will try to send only group photos and I will not use the surnames or HIV status of the children, or divulge any personal information about them, in correspondence with other people.

COMPLIANCE

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. 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 Lily/Makaphutu, 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 _____