



# isithembiso

BABIES' HOME - BRINGING HOPE TO THE FUTURE

## Volunteer Application

Surname		Marital status	
First name		Occupation	
Date of birth		Driver's licence	
Cell number		Home language	
Home Number		Children/ dependants	
E-mail address			
Address			
Please give a brief description of your family while growing up and if applicable, your married family.			
Give a brief description of yourself. (Personality, interests and hobbies etc.)			
What experience, if any, have you had with babies?			
How can you help us? (What services are you offering?)			
How much time are you willing to give?			
What are the reasons for your interest in volunteering at Isithembiso Babies Home?			

### **Note on volunteering times:**

We request that each volunteer commit to a minimum of one hour per week, preferably at the same time each week. This is in order for Carmen and Aggie to be able to rely on your services, and also for the benefit of consistency for the babies. The babies sleep from 10:30am – 13:30pm, so if you come in those times, we may ask you to assist with other tasks which do not involve direct baby-care, but are still very welcome!



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## INDEMNITY FORM FOR STAFF / VOLUNTEERS

Oxygen Life Church of Port Elizabeth and the Management Committee of Isithembiso Babies Home do not hold themselves responsible in any way for the safety or physical care of:

(Name of staff member / volunteer) \_\_\_\_\_

We exonerate ourselves from any other responsibility of health, security, safe-keeping of persons or belongings of the above staff member or volunteer.

As a staff member / volunteer I have read and understood the conditions. These conditions have been agreed to by (name of staff member / volunteer)

\_\_\_\_\_ at \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

I hereby acknowledge the contents of the confidentiality agreement.

Signed by staff member / volunteer \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_

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## CONFIDENTIALITY AGREEMENT FOR STAFF / VOLUNTEERS

I, \_\_\_\_\_ hereby declare that I will not divulge any information regarding Isithembiso Babies Home or the case specifics or take photos or video footage with any device of the children in the care of Isithembiso's Babies Home.

I, \_\_\_\_\_ acknowledge that such practices are against the law, are termed discrimination and breach of confidentiality, and as such are punishable by law.

Any staff member or volunteer, who does not adhere to the requirements of this institution, regarding confidentiality about the children, or their visitors, will be liable for internal disciplinary action.

Please be aware that thereafter the child or their family would be entitled to take the matter further legally.

I hereby acknowledge the contents of the confidentiality agreement.

Signed by staff member / volunteer \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

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Thank you for your application! Please send all filled in documents to Carmen Faragher (home coordinator) at [info@isithembiso.org](mailto:info@isithembiso.org) or fax to 041 581 0374. If your application is successful, you will be called to attend an interview, after which you will be informed as to whether you have been accepted as a volunteer at our Home.

**AFFIDAVIT**

I, the undersigned .....

with ID No: ..... do hereby make oath and say:

1.

I am the applicant in this matter, having applied for appointment as a house parent, holiday parent, volunteer, board member, foster parent, kinship care-giver, temporary safe-care giver, an adoptive parent, curator of ..... or Home ..... a child / or with children as defined in the Criminal Law (Sexual Offences and Related Matters) Act 32 of 2007 (the Sexual Offence Act), and the Children's Act 38 of 2005.

2.

- 2.1 I have not been convicted of any sexual offence against a child or a person who is mentally disabled.
- 2.2 There is no allegation against me of having committed a sexual offence against a child or mentally disabled person.
- 2.3 I have not been dealt with in terms of section 77(6) or 78(6) of the Criminal Procedure Act 51 of 1977.

3.

My name does not appear in the National Register for Sex Offenders, established in terms of the Sexual Offences Act.

4.

To the best of my knowledge and belief, none of the current occupants of my residence:

- 4.1 has been convicted of any sexual offence against a child or mentally disabled person.
- 4.2 has been alleged to have committed a sexual offence against a child or mentally disabled person.
- 4.3 has been dealt with in terms of section 77(6) or 78(6) of the Criminal Procedure Act 51 of 1977.
- 4.4. has his/her name recorded in the National Register for Sex Offenders.

5.

I have been made aware of the provisions of Section 48(2) and (3) of the Sexual Offences Act, Should there be a change in my status as mentioned in paragraphs 2 and 3 or that of the peopled mentioned in paragraph 4 hereof, I undertake to immediately draw this to the attention of the court.

\_\_\_\_\_

**Deponent**

I certify that before administering the \*Oath / taking the affirmation, I asked the deponent the following questions and noted \*his/her answers in \*his/her presence.

- (a) Do you know and understand the contents of the declaration? .....
- (b) Do you have any objection to taking the prescribed oath? .....

(c) Do you consider the prescribed oath binding on your conscience? .....

I hereby certify that the Deponent has acknowledged that \*he/she knows and understands the contents of this declaration which was \*sworn to / affirmed before me and the Deponent's signature / thumb print was placed thereon in my presence.

\*Delete which is not applicable.

Dated at..... on this day ..... of .....

.....  
Justice of the Peace Commissioner of Oaths

Full names and surname .....

Designation .....

Area for which appointed .....

Physical Address .....

## **Fingerprinting Clearance**

While this may seem like an inconvenient step, it is one that is a necessary procedure to safeguard our babies. In this process, your fingerprints are taken and run through the national police database in order to verify that you have never been implicated in any crimes against children. We appreciate your willingness to go to the effort of having this done.

**Company name:** LPS Digital Fingerprint Verification - Criminal/Credit/Identity

**Person to contact:** David Marx 078 650 4365

**Address:** 58 Roosevelt Street, Glendinningvale, PE (**directly to the left of the Mount Road Police station, opposite the Astroturf**)

**Cost:** R120

**Take your ID book with.**

Waiting Period: usually 15 minutes or so when there. The fingerprinting takes about 10 minutes and the clearance certificate is ready within 48 hours.

**Suggestion:** Why not take your application affidavit with and get that stamped at the same time.



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### **Application Check List:**

1. Completed personal profile of yourself
2. Copy of your ID book
3. Completed and signed indemnity form
4. Completed and signed confidentiality agreement
5. Signed volunteer responsibilities and disciplinary procedures
6. Affidavit completed, signed and stamped at police station
7. Fingerprint clearance completed

Once you have completed all aspects of the required application form you will need to make an appointment at the home for your first volunteer session. Here, you will be orientated as to how the home runs and how exactly you can help us with our babies.

To make an appointment or for any questions regarding the application, please send a message to Carmen Faragher (home coordinator) at [info@isithembiso.org](mailto:info@isithembiso.org) or 0826767984.

**Thank you for your effort in completing our thorough application. We greatly appreciate your willingness to partner with us.**

**Lots of love from**  
**THE ISITHEMBISO TEAM**