



t: 065 300 2601
e: zina@thealmondtree.co.za
w: www.thealmondtree.co.za

a: 15 Jurgens Str, Benoni Small Farms,
South Africa, 1501

NPO 161-004 PBO 930050917



Volunteer Indemnity & Confidentiality Agreement

Organization: The Almond Tree NPO 161 – 004

Activity: _____

Venue: _____

Volunteer Indemnity:

I _____ (full Name and Surname) hereby indemnify The Almond Tree, its officers and employees against any claim or demand arising from personal death, injury or any loss or damage of property, of whatsoever nature and howsoever sustained while engaging in volunteer activities.

I willingly release The Almond Tree from all liability arising from or in connection with my voluntary activities. I understand and agree that participation in the volunteer activities is voluntary.

I agree that, if an emergency has arisen and medical treatment be deemed necessary, The Almond Tree Management shall have the authority (which is hereby delegated to the extent such delegation may be required) to consent to such medical treatment, including surgical intervention, on my behalf.

I accept that all precautions will be taken to ensure my safety and welfare and that I will be held responsible for the payment of medical and/or hospital accounts where applicable.

Confidentiality Agreement:

This agreement applies to all volunteers associated with or involved in the activities of The Almond Tree.

All knowledge and information, whether personal or otherwise concerning the children in the care of The Almond Tree or the general operations of The Almond Tree must be considered privileged and confidential.

All documentation including pages, forms, printed material and designs, policies and procedures, transmitted or received messages, electronic mailing lists, contact

details, volunteer or staff information are considered confidential and the sole property of The Almond Tree.

Any disclosure, misuse, copying or transmitting of any material whether intentionally or unintentionally, will result in legal action or criminal prosecution in terms of any and all applicable laws in the Republic of South Africa.

Name and address of Employer: _____

Medical Aid: _____ Membership No: _____

I hereby agree to all the above statements:

Name: _____ ID number: _____

Address: _____

Contact number: _____

Signature

Date
