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   The Almond Tree SA

Volunteer Indemnity & Confidentiality Agreement

Organization: The Almond Tree NPO 161 – 004
Activity: _____
Venue: _____

Volunteer Indemnity:

I _____ (full Name and Surname), the
Parent/Guardian of _____ (full Name and
Surname of volunteer) hereby give permission for him/her to participate in **The
Almond Tree Community Service Volunteer Program.**

I hereby indemnify The Almond Tree, its officers and employees against any claim or
demand arising from the death of or injury to my child 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 for my child, 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 the safety and welfare of my
child 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:

Parent Name: _____ ID number: _____

Address: _____

Contact number: _____

Signature _____ Date _____

Name of Volunteer

Signature of Volunteer _____ Date _____