

## VOLUNTEER AGREEMENT

This agreement is hereby made between (Full name): \_\_\_\_\_  
ID no: \_\_\_\_\_ (hereafter referred to as "**the  
Volunteer**") \_\_\_\_\_

And

**The Fathers Heart Community Development** (hereafter referred to as "**the Company**") Reg No:  
2019/552204/08

The Volunteer hereby agrees to donate {his/her} time, effort, and the following services  
to The Fathers Heart Community Development in a volunteer capacity.

Venue: The Fathers Heart Site Office                      Activity:

Dates/Times:

The Volunteer understands that no compensation of any kind will be given in exchange for  
these services.

The Volunteer will participate in volunteer work from **{date}** to **{date}**, working a minimum  
of **{number}** hours per **{day/week/month}**. The Volunteer further agrees to  
track **{his/her}** hours and submit them to the Company at the end of  
each **{day/month/week}**.

The Volunteer or the Company may terminate this contract early at any time, for any reason,  
without penalty.

The Volunteer agrees to undergo all necessary training to perform **{his/her}** duties. The  
Volunteer will be brought on primarily to participate in **{duties}**. The Volunteer may be asked  
to perform other duties at any time.

The Volunteer agrees to abide by the rules, regulations, orders, code of conduct, child  
protection policy, social media policy and requests provided by **The Fathers Heart  
Community Development** rulebook and **{his/her}** supervisor. Failure to do so may result in  
termination.

All volunteers who work directly with children must be screened against the Police criminal  
offences registry, the National Child Protection Register AND the Sexual Offences Register.  
The administrative and logistical costs of the screening are borne by the applicant, and not  
by The Fathers Heart Community Development. (Unless otherwise arranged with TFHCD)

Any volunteer who is/has been convicted of any serious criminal or civil offence or be listed  
on the sexual offences register or National child protection register, will in the opinion of  
Management, may make the volunteer concerned no longer a suitable person to have in  
the employment of **The Fathers Heart Community Development**.

No volunteer may be listed on a criminal offence or have/had their names on the sexual  
offenders list.

**Transform. Restore. Thrive**

The Volunteer will be held harmless, indemnified, and released should damages or harm arise during the safe, lawful execution of **{his/her}** duties. However, should damages or harm arise due to negligence, insubordination, or criminal intent, the Volunteer may be subject to **{penalties}** up to and including criminal charges. The Volunteer agrees to cooperate with all investigations arising from such charges. Volunteers must, at all times, act to the benefit of the good name of **The Fathers Heart Community Development**.

**Volunteer Indemnity:** I \_\_\_\_\_ (full Name and Surname), the Parent/Guardian of \_\_\_\_\_ (full Name and Surname of volunteer if under the age of 18years) hereby give permission for me/him/her to participate in The Fathers Heart Community Development Community Service Volunteer Program. I hereby indemnify The Fathers Heart Community Development, 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 Fathers Heart Community Development 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 myself/my child, The Fathers Heart Community Development 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 myself/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 Fathers Heart Community Development. All knowledge and information, whether personal or otherwise concerning the children in the care of The Fathers Heart Community Development or the general operations of The Fathers Heart Community Development 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 Fathers Heart Community Development. 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.

\_\_\_\_\_  
Volunteer's Name  
(Or parent/guardian if under 18)

\_\_\_\_\_  
Volunteers Signature  
(Or parent/guardian if under 18)

\_\_\_\_\_  
Company's Representative Name

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date  
Medical Aid & no: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Contact number