



## VOLUNTEER ENROLLMENT FORM



**DISCLAIMER:** Thank you for your interest in volunteering at Abraham Kriel Child and Youth Care Centre Potchefstroom. This form is used to collect information about volunteers and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

### VOLUNTEER INFORMATION

Name: \_\_\_\_\_

ID number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### EMERGENCY CONTACT

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### AVAILABILITY

List the days and times you are available to volunteer:

\_\_\_\_\_

### INTERESTS & QUALIFICATIONS

Skills & Qualifications: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Driver's License: Yes No

**ACKNOWLEDGEMENT**

I recognize that the opportunity to participate in the Abraham Kriel CYCC volunteer program may involve physical labour and may carry a risk of personal injury. I hereby agree to assume all risks which may be associated with my participation.

I hereby release, discharge, waive, and relinquish all claims, liabilities, and damages I may sustain from bodily injury, personal injury, or property damage, and hold harmless the Abraham Kriel CYCC, its officers, directors, employees and agents.

In order to assure the health, safety and security of our children, we screen anyone wishing to volunteer at Abraham Kriel children's home. Please answer the questions below:

1. Have you ever been arrested/charged for, convicted of or pled guilty to a crime? YES / NO
2. Have you ever engaged in or been accused/alleged to have committed any act of neglect, abuse, exploitation or molestation of any minor? YES / NO
3. Do you know of any health (physical and/or mental) issues that might affect your work with minors? YES / NO

If you have answered YES to any of the questions above, please provide details below:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**INQUIRY BY PERSON TO ESTABLISH IF HIS / HER NAME IS INCLUDED IN PART B  
OF NATIONAL CHILD PROTECTION REGISTER (REGULATION 50(1)(b))  
[SECTION 126(3) OF THE CHILDREN'S ACT, (No 38 OF 2005)]**

TO: The Director-General  
Department of Social Development  
Private Bag X901  
Pretoria  
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Dear Sir / Madam

In terms of section 126(3) of the Children's Act, (No. 38 of 2005), I \_\_\_\_\_  
\_\_\_\_\_ (full names and surname) wish  
to enquire whether my name is included in Part B of the National Child Protection Register. A certified copy  
of one of the following documents is attached as verification of my identity.

**1. IDENTIFYING DOCUMENTS:**

- birth certificate (only if not in possession of identity document or passport)
- identity document
- passport
- other

**In the event that my name has been included in Part B of the Register, kindly furnish reason why this was done. My personal details are:**

**2. CONTACT DETAILS:**

<b>Postal address:</b>	<b>Physical address:</b>
<b>* Email:</b>	
<b>Telephone No:</b>	<b>* Cellular No:</b>

(\* - if applicable)

**Please note that section 126 of the Act requires you to respond to this inquiry within 21 working days.**

**Yours sincerely**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

Kindly note that in the event that information becomes available that you are unsuitable to work with children, the Director-General reserves the right to enter your name on Part B of the Register, of which you will be duly notified. In terms of section 121 of the Children's Act, you have the right to appeal against such finding, or have the finding reviewed by a Court of Law.