



**EPIC FOUNDATION**  
**VOLUNTEER APPLICATION AND AGREEMENT**

<b>PERSONAL INFORMATION</b>	
Full Name:	
ID Number:	
Address:	
Phone Number:	
Email Address:	
Current Occupation:	
Do you hold a valid driver's license?	
If so, do you have use of a car?	
<b>EMERGENCY CONTACT:</b>	
Name:	
Relationship:	
Phone Number:	
<b>AVAILABILITY</b>	
Weekday Mornings (09:00 – 12:00) <i>(include which mornings)</i>	
Saturday Mornings (09:00 – 12:00)	
<b>COLLECTIONS/DELIVERIES</b>	
Would you be prepared to collect donations, or drop off comfort packs?	
If yes, please indicate which areas you are prepared to travel to.	
<b>VOLUNTEER INTERESTS</b>	
Why are you interested in volunteering at the Epic Foundation?	
What skills and experience do you have relevant to the work we do?	
What previous volunteer experience do you have?	
<b>INDICATE WHICH OF OUR PROJECTS YOU ARE INTERESTED IN AND WHY</b>	
<b>Comfort Pack Project:</b> Sorting donations and packing of bags	
<b>Fairy Godmother Project:</b> Sorting of outfits and assisting learners on fitting days	
<b>Step-up Project:</b> Skills development for shelter ladies (experience in this field required – please provide CV)	
<b>Counselling services:</b> Only applicable to fully qualified, registered counsellors	
<b>Legal services:</b> Legal support to the organization and GBV survivors	
<b>Marketing/Social Media:</b> Experience in this field required. Please provide CV	
<b>Administrative support</b>	
<b>Other:</b> Please supply details.	
<b>REFERENCES – (No Family Members or Friends)</b>	
<b>Reference 1</b>	
Name:	
Relationship:	
Phone Number:	
Email address:	

<b>Reference 2</b>	
Name:	
Relationship:	
Phone Number	
Email address:	

**AGREEMENT AND SIGNATURE:**

By submitting this application, I affirm that the facts set forth herein are true and complete. I acknowledge that I will not receive any payments for the time spent volunteering.

I understand that this application must be read in conjunction with the Volunteer Agreement and Indemnity on Page 2, or if I am under 18, the Parental Consent and Indemnity Form on Page 3. I agree to initial all pages and sign the respective Agreement.

Once completed, please return this application, along with a copy of your ID, to [info@epicfoundation.org.za](mailto:info@epicfoundation.org.za).

**DECLARATION OF WAIVER OF CLAIMS, DEED OF INDEMNITY,  
AND CONFIDENTIALITY AGREEMENT**

I, the undersigned \_\_\_\_\_, declare that:

1. I acknowledge participating in the projects of EPIC Foundation (including travel to and from the event/venue, if relevant) voluntarily and entirely at my own risk.
2. I waive all claims against the EPIC Foundation, its directors, volunteers, related entities, and/or agents, including the management of the Supreme Industrial Park in Steelectedale, for personal injury or loss/damage to my property during my participation in the project, including any negligent act or omission by the indemnified parties.
3. I indemnify the EPIC Foundation, its directors, volunteers, related entities, and/or agents, and the management of the Supreme Industrial Park in Steelectedale, against any claims by third parties arising from my death, injury, or loss/damage to my property during my participation in the project, including any negligent act or omission by the indemnified parties.
4. I agree to maintain confidentiality regarding any sensitive information about learners encountered during my volunteer work. I will not discuss or share any personal matters about the learners or other volunteers outside the organization.
5. I will not collect, request, or share personal contact information such as phone numbers, email addresses, or social media profiles with the learners. All communications will be conducted through official channels provided by the EPIC Foundation.
6. I will not take photos of the learners and understand that sharing photos of children on social media platforms is strictly prohibited.
7. I will maintain a respectful and professional demeanor when interacting with learners and other volunteers, refraining from inappropriate language, offensive comments, or any behavior that could harm the reputation of the EPIC Foundation.
8. If I encounter any situation that raises concerns about the wellbeing or safety of the learners, I will promptly report it to the Board Members of the EPIC Foundation.
9. I confirm that I have read and fully understand the contents of this declaration and agreement.

**SIGNED AT** \_\_\_\_\_ **ON THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20**\_\_\_\_\_

**NAME IN PRINT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**PARENTAL CONSENT AND INDEMNITY FORM FOR VOLUNTEERS UNDER THE AGE OF 18**

Child's Full Name:	
Parent/Guardian's Full Name:	
Phone number:	
Email address:	
Volunteer Activity:	
Date(s) of Volunteer Activity:	

I, the undersigned \_\_\_\_\_ declare that:

1. I am the parent/legal guardian of the above-mentioned child, and give consent for them to perform volunteer work at the Epic Foundation.
2. I acknowledge that my child is participating in the projects of EPIC Foundation (including travel to and from the event/venue, if relevant) voluntarily and entirely at their own risk.
3. I waive all claims against the EPIC Foundation, its directors, volunteers, related entities, and/or agents, including the management of the Supreme Industrial Park in Steeledale, for personal injury or loss/damage to my child's property during their participation in the project, including any negligent act or omission by the indemnified parties.
4. I indemnify the EPIC Foundation, its directors, volunteers, related entities, and/or agents, and the management of the Supreme Industrial Park in Steeledale, against any claims by third parties arising from my child's death, injury, or loss/damage to their property during their participation in the project, including any negligent act or omission by the indemnified parties.
5. I agree to maintain confidentiality regarding any sensitive information about learners encountered during my child's volunteer work. My child and I will not discuss or share any personal matters about the learners or other volunteers outside the organization.
6. My child will not collect, request, or share personal contact information such as phone numbers, email addresses, or social media profiles with the learners. All communications will be conducted through official channels provided by the EPIC Foundation.
7. My child will not take photos of the learners and understands that sharing photos of children on social media platforms is strictly prohibited.
8. My child will maintain a respectful and professional demeanor when interacting with learners and other volunteers, refraining from inappropriate language, offensive comments, or any behavior that could harm the reputation of the EPIC Foundation.
9. If my child encounters any situation that raises concerns about the wellbeing or safety of the learners, I will ensure it is promptly reported to the Board Members of the EPIC Foundation.
10. I confirm that I have read and fully understand the contents of this declaration and agreement.

**SIGNED AT** \_\_\_\_\_ **ON THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20** \_\_\_\_\_

**NAME IN PRINT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_