



RHODES UNIVERSITY

Grahamstown • 6140 • South Africa

COMMUNITY ENGAGEMENT UNIT

5 Prince Alfred Street Grahamstown 6139 □ PO Box 94 Grahamstown 6140

Tel: (046) 603 7229 Fax: (046) 603 8869 Email: svp@ru.ac.za

2011

STUDENT VOLUNTEER REGISTRATION FORM

Full name & surname:	
Gender:	
Student number:	
Postal Address:	
Residence / Hall:	
Id number / passport:	
Nationality (Also indicate if you are an exchange student)	
Name of home university/college (Exchange students)	
Duration of study (Exchange students):	
Cell number:	
Email:	
Year of study:	
Degree:	
Major subjects:	
Societies / Sports:	
Other interests & skills:	

MOTIVATION:

Have you done any volunteering before? If so, give some details. (e.g at school)

For returning volunteers- if you were involved in the SVP previously, please indicate which projects you were active in:

For returning volunteers – would you consider remaining in the same project or prefer a new project? Please explain your answer.

What are your reasons for wanting to volunteer?

Are there any specific skills, talents or interests that you have that you feel will benefit the community? Please list them:

-
-
-
-
-
-

What is your understanding of community engagement?

What type of projects or programmes are you interested in getting involved in? (If you do know the name of the specific project, programme or organization, please specify)

1st option:

2nd option:

3rd option:

Considering your timetable and any other commitments at Rhodes, what amount of time are you able to dedicate to volunteering activities and on which specific days?

As a potential Student Volunteer you will be required to attend the training for volunteers provided by the Community Engagement Unit. Please indicate anything that you would like or do you feel should be covered in the training:

Signed: _____

Date of application: _____

Thank you for the time taken to complete this application. The Community Engagement Unit will be in contact with you shortly.

PLEASE NOTE: Orientation and Training dates for 2011

Returning Volunteers: 19 February 2011

New Volunteers : 26 February 2010

Volunteering for Returning Volunteers starts: 21 February 2011

New Volunteers: 28 February 2011

Checklist: (for office use only)

- Indemnity Form received and filed**
- Confidentiality Form received and filed**
- Student present at training**

Student selected for programme

Name of project:

Community partner:

Day and time of placement:



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RUCE STUDENT VOLUNTEER PROGRAMME

MEMORANDUM OF AGREEMENT AND CONFIDENTIALITY

I, THE UNDERSIGNED, (name in full)
undertake to abide by the rules as laid down by the “Student Volunteer Programme”
namely:

I realise I cannot claim for any illness or injury I may sustain while performing my duties as a
volunteer.

I commit to maintaining a strictly professional relationship with whomever I interact with in the
course of my volunteering.

I may not interfere with the people I meet in the course of my volunteering concerning their
religion or politics or interfere with their privacy in any way.

I will respect the language, culture and status as a human being of all the individuals I will
encounter in the course of volunteering.

I undertake not to interfere with the policy or the administration of the organisation at which I
volunteer.

I undertake that I will contact the designated Organisation staff member if I am unable to visit my
placement as agreed. I understand the commitment that I am making and that I cannot get a
substitute to replace me should I for any reason be unable to report to volunteer.

I understand that Rhodes University and the organisation I volunteer with will not be responsible
for any act or omission which may lead to a civil claim by a voluntary worker as a result of
carrying out duties as a voluntary worker.

I, having been granted permission to take part in the Student Volunteer Programme for the
purpose of volunteering undertake that: I will regard all information pertaining to the organisation
at which I volunteer as confidential; and I will not supply information regarding the organisation or
its patients/clients to members of the public or the media without written permission of the Head
of the Organisation.

Signed at on thisday of
.....20.....

Place
year

day

month

.....
Signature

As witnesses

1. 2.



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RUCE STUDENT VOLUNTEER PROGRAMME

I, THE UNDERSIGNED (name in full)

being a major, hereby on behalf of myself, my executors, my assigns and all my dependants who are at present entirely or partly dependant on me, or who may in the future be dependent on me, fully indemnify, hold harmless and absolve Rhodes University and the organisation where I volunteer, and their respective officers, employees and management, from any responsibility whatsoever in the event of an injury to my person or possessions while participating on a voluntary basis in the Rhodes University Community Engagement Student Volunteer Programme.

I further accept that no compensation whatsoever will be paid by the State, Rhodes University and/ or the organisation where I volunteer, to me or my executors, my assigns, my heirs and dependents in the event of an injury to my person or damage to my property while participating in the Rhodes University Community Engagement Student Volunteer Programme.

Signed at on thisday of

.....20.....

Place

day

month

year

.....
Signature

As witnesses

1.

2.....

For Minors only



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RUCE STUDENT VOLUNTEER PROGRAMME

I, THE UNDERSIGNED (name in full) ,
 being a major, hereby on behalf of my dependent (full name of dependent)
, who is at present entirely or partly dependant on me, or
 may in the future be so dependant on me, fully indemnify, hold harmless and
 absolve Rhodes University and the organisation with which (full name of dependent)
 volunteers, and their respective officers,
 employees and management, from any responsibility whatsoever in the event of an
 injury to his/her person or possessions while participating on a voluntary basis in the
 Rhodes University Community Engagement Student Volunteer Programme.
 I further accept that no compensation whatsoever will be paid by the State, Rhodes
 University and/ or the organisation where (full name of dependent)
 volunteers, to
 (full name of dependent)..... or his/her executors, assigns, heirs
 and dependents, or to me, in the event of an injury to his/her person or damage to
 his/her property while participating in the Rhodes University Community
 Engagement Student Volunteer Programme.
 Signed at on thisday
 of.....20.....
Place day month year

Signature

As witnesses

1. 2.