



Volunteer Application

Please take note, the following will be handled confidentially at all times. Please complete everything that is required fully and truthfully.

Volunteer Biographical Information:

Name: _____ Surname: _____ Date of Birth: _____
Gender: _____ Occupation: _____ ID: _____

Volunteer Contact Information:

Cell : _____ E-Mail: _____ Address: _____
Emergency Contact: _____ (name and number)

Guidelines:

The following guidelines are to be met when working with *5 Star to Health*. It includes, but is not limited to the following:

1. All members are to have an appropriate social media presence. *5 Star to Health* is an organisation that has a presence online and cannot afford for the image of the campaign be associated with unwelcome values.
2. All members are to be active to the best of their ability in all activities that are arranged by the organisation. 48-hour notice is required if he/she will not be attending an event.
3. It is compulsory for members to attend a meeting on a monthly basis to discuss any events, problems, successes etc.
4. *5 Star to Health* accepts and respects all races, genders, and religions. It is expected of the members who wish to be a part of this organisation to do the same.
5. This is a non-profit and non-governmental organisation. Hence, no member affiliated with the organisation will receive a salary. Being a part of this organisation is strictly charitable.
6. We will be working with sensitive cases and therefore must respect the situation regarding social media accordingly. When working with sensitive cases it is required of us to be strong and positive to those in need.

Possible volunteer opportunities:

Please tick the box of the portfolio in which you would like to volunteer (you can only choose one portfolio to work in) your position in this portfolio is *only valid for 3 months*, after which you can apply to be a volunteer again.

- Student and Residency
This portfolio entitles the member to promote the organisation at all the universities and residences affiliated with the universities
- Social and Marketing
In this portfolio members ensure that the organisation is promoted properly by all events, this includes taking pictures and any social activity happening in and around the area where the team is situated
- Events Planning
This portfolio arranges all events that will take place and must ensure the success of any events that all other portfolios have planned
- Public Associations
The public associations members must make contact and set up meetings with public businesses for sponsors and promotions

Volunteer work information:

Preferred days of the week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Number of hours per month:

- 4-8
- 8-12
- 12-16
- 16-20

Volunteer Public information:

Please tick the following boxes if you agree:

- Being acknowledged as a volunteer of *5 Star to Health* on social media platforms (Facebook, Instagram, 5 Star to Health Website etc.)

Please indicate which social media platforms you are using and provide the necessary details:

- Instagram account: _____
- Facebook account: _____
- Twitter account: _____
- LinkedIn account: _____
- Other (indicate name as well) account: _____

All the following boxes MUST be completed in order to finalize your agreement:

Please note, if any of the boxes below is not completed your volunteer application will be seen as incomplete and you will not be accepted as a volunteer.

- I accept my role as a volunteer in the portfolio _____
- I understand that I have the responsibility to fulfil the role within my portfolio that I am assigned to the best of my ability.
- I understand that this organisation is strictly non-profitable and that I will NOT receive any payment for the work I have done.
- I understand that it is important to uphold the image of the brand on a daily basis when working with *5 Star to Health* at an event or on any social media platform.
- I acknowledge that my social media will be monitored and will be held liable to remove any inappropriate content as discussed by the team.
- I have read the information regarding the POPI Act and accept the terms thereof.
- I have read and completed the volunteer waiver and indemnity form and accept the terms thereof.
- I have read the constitution provided to me and accept the terms thereof.

volunteer signature

date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I agree to and accept the terms in all aspects.

Parental consent if the volunteer is under the age of 18:

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I agree to and accept the terms in all aspects.

(Signature of Parent/Legal Guardian if Volunteer is Under 18): _____

Name: _____ Surname: _____ Date of Birth: _____
Gender: _____ Occupation: _____ ID: _____

If you have any questions regarding the agreement form please feel free to contact me.

E-mail: info@5startohealth.co.za

Cell: 084 202 2577