

uMephi  
Child & Youth Care Centres

VRYWILLIGERS/VOLUNTEERS

Naam/ Name: _____ Ouderdom / Age: _____ I.D. No/Nr: _____ Adres / Address: _____  Tel No/Nr: _____ e-mail: _____ Sel No/Nr: _____ faks / fax: _____ - _____
Beskikbare tye / Available times: _____  Taak / Task: _____
Sal begin op / Start on: _____
Referente / References: Naam / Name: 1) _____ 2) _____ Tel: _____ Verwantskap / _____ Relation: _____
Kwalifikasie / Qualification: _____ Huidige beroepe / Current Job: _____ Ervaring met babas / Experience with babies: _____
<p><b>1. Hiermee bevestig ek dat ek bewus is van die feit dat daar n moonlikheid mag wees dat die babas in hierdie eenheid MIV Positief is / VIGS het / blootgestel was aan die MIV Virus. Ek aanvaar dat alle redelike voorsorg getref sal word vir my veiligheid en welstand en dat ek verantwoordelik gehou sal word vir die betaling van my eie mediese en hospitaalrekening, indien van toepassing, in die geval dat ek die virus mag opdoen. I hereby confirm that I am aware of the fact that the babies in this unit may be HIV Positive / have AIDS / was exposed to the HIV virus. I hereby accept that all reasonable precautions will be taken for my own safety and welfare and that I will be held responsible for the payment of medical treatment and or hospitalization as applicable if I get infected by the virus.</b></p> <p><b>2. Geen fotos van n baba sal geneem word met n kamera of selfoon nie. /No photos will be taken of any baby by camera or cellphone</b></p> <p><b>3. Ek is reeds 16 jaar oud ten tye van my aansoek om n vrywilliger te word / I am over the age of 16 by the time I apply to become a volunteer.</b></p> <p><b>4. Ek sal nie die personeel ondervra rakende die redes waarom die baba in die K&amp;JSS is nie</b></p>

*omrede hierdie inligting konfidensieel is. / I will not question the staff about the reason for the baby to be at the C&YCC as this is confidential information.*

*5. Ek aanvaar dat alle aanneembare babas reeds gepas is met gekeurde aanneemouers en net in afwagting is vir die wetlike en mediese proses om gefinaliseer te word. / I accept that all adoptable babies are already matched with adoptive parents and just waiting for the legal and medical process to be finalized*

*6. Ek neem kennis dat die baba kamer deur CCTV gemonitor word. / I take note of the fact that the baby room is monitored by CCTV*

..... (signature)

..... (Date)

**Vir kantoorgebruik / For office use:**

Taak / Specific task: \_\_\_\_\_

Tyd / Time: \_\_\_\_\_

Afskrif van ID ontvang /Copy of ID received:

\_\_\_\_\_  
Sexual Offences Affidavid ontvang / received:

\_\_\_\_\_  
Vorm 29 ontvang / Form 29 received:

\_\_\_\_\_

**AFFIDAVIT**

I, the undersigned, \_\_\_\_\_, with ID number \_\_\_\_\_ do hereby make oath and say:

1.

I am the applicant in this matter, having applied for appointment as a **house parent, holiday parent, volunteer, board member, foster parent/ kinship care-giver/ temporary safe care-giver/ an adoptive parent/curator** of \_\_\_\_\_ or House \_\_\_\_\_, a child/ or with children as defined in the Criminal Law (Sexual Offences and Related Matters) Act 32 of 2007 (the Sexual Offence Act), and the Children's Act 38 of 2005.

2.

- 2.1 I have not been convicted of any sexual offence against a child or a person who is mentally disabled.
- 2.2 There is no allegation against me of having committed a sexual offence against a child or a mentally disabled person.
- 2.3 I have not been dealt with in terms of Section 77(6) or 78(6) of the Criminal Procedure Act 51 of 1977.

3.

My name does not appear in the National Register for Sex Offenders, established in terms of the Sexual Offences Act

4.

To the best of my knowledge and belief, none of the current occupants of my residence:

- 4.1 has been convicted of any sexual offence against a child or a mentally disabled person.
- 4.2 has been alleged to have committed a sexual offence against a child or a mentally disabled person.
- 4.3 Has been dealt within terms of Section 77(6) or 78(6) of the Criminal Procedure Act 51 of 1977.
- 4.4 has his/her name recorded in the National Register for Sex Offenders.

5.

I have been made aware of the provisions of Section 48(2) and (3) of the Sexual Offences Act. Should there be a change in my status as mentioned in paragraphs 2 and 3 or that of the people mentioned in paragraph 4 hereof, I undertake to immediately draw this to the attention of the court.

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DEPONENT

I certify that before administering the \*Oath/ taking the Affirmation, I asked the deponent the following questions and noted \*his/her answers in \*his/her presence as indicated below:

- (a) Do you know and understand the contents of the above declaration?
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(b) Do you have any objection to taking the prescribed oath?

\_\_\_\_\_

(c) Do you consider the prescribed to be binding on your conscience?

\_\_\_\_\_

I hereby certify that the deponent has acknowledged that \*he/she knows and understands the contents of this declaration which was \*sworn to/affirmed before me, and the deponent's \*signature/thumb print was placed thereon in my presence.

\* Delete which is not applicable.

Dated at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Justice of the Peace/Commissioner of Oaths

Full names and surname

\_\_\_\_\_

Designation

\_\_\_\_\_

Area for which appointed

\_\_\_\_\_

Physical Address

\_\_\_\_\_