

COMMUNITY ENGAGEMENT UNIT

5 Prince Alfred Street Grahamstown 6139 . PO Box 94 Grahamstown 6140 Tel: (046) 603 7229 Fax: (046) 603 88 69 Email:svp@ru.ac.za

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 Place day month year	on thisday of	20
Signature As witnesses		
As witnesses		
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