

**CONTRACT BETWEEN THE VOLUNTEER & JEWISH COMMUNITY SERVICES,  
CAPE**

Volunteer's full name: \_\_\_\_\_

Volunteer task: \_\_\_\_\_

Where volunteer task is based: \_\_\_\_\_

I, the above:

- Understand the volunteer task description and agree to perform the above volunteer task according to this and to the best of my ability.
- Agree to make every possible effort to stay with the organisation as a volunteer until at least \_\_\_\_\_.
- Understand and agree to abide by all the points in the volunteer policy which includes:
  - immediately discussing any problems that I have with the organisation or the volunteer programme using the problem-solving procedure.
  - immediately handing over any donations to the organisation, made via myself, along with the contact details of the donor.
  - not using the organisation's materials, equipment, name, letterhead or logo for my own personal gain.
  - recognising that under certain circumstances, the organisation has the right to no longer accept my services as a volunteer.
  - keeping certain information confidential.
  - not making public statements on behalf of the organisation unless authorised to do so by the organisation.
  - giving as much notice as possible if I intend to take time-off or require time-out from my volunteer task.
  - making every effort to attend, punctually, each volunteer or training session I have committed myself to.
  - taking part in an exit interview if my services as a volunteer with the organisation end.

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Organisation representative's full name: \_\_\_\_\_

Position: \_\_\_\_\_ Office: \_\_\_\_\_

I, the above, agree on behalf of the organisation that the organisation will honour the commitment made to the volunteer as detailed in the volunteer policy and document detailing the rights of volunteers including:

- immediately informing the volunteer if there is a problem with their performance, through the problem-solving procedure.
- keeping their records confidential.

Signature of representative: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCE REPLY FORM**

NAME OF APPLICANT \_\_\_\_\_

Please answer the following:

What is your full name? \_\_\_\_\_

What is your address? \_\_\_\_\_

\_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please complete the following:

I have read the volunteer task description sent to me and would recommend/not recommend (delete as appropriate) that

\_\_\_\_\_ be accepted as a volunteer.

Please give further details if you wish

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name:

Signature:

Date:

## PLEDGE OF CONFIDENTIALITY

I, \_\_\_\_\_, the undersigned as a volunteer hereby declare that the confidential nature of the work at the Jewish community services, Cape has been explained to me.

1. Under no circumstances will I disclose to any individual not connected with the supervision of the course any personal information about others gained in training or whilst in the programme after training, disclose any information regarding clients of this organisation.
2. In the event of my withdrawal from the programme, or after the end of the course and my voluntary work, I will continue to hold in strictest confidence all information about others gained during the Volunteer Programme.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

FACILITATOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**VOLUNTEER REPORT ON CONTACT WITH CLIENT**

Client Name: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Purpose of Contact: \_\_\_\_\_

Comments on Contact: (include emotional state of client, cooperation of client, change in circumstances and/or anything of relevance)

---

---

---

---

---

---

---

---

---

---

Volunteer Signature: \_\_\_\_\_

**VOLUNTEER REPORT ON CONTACT WITH CLIENT**

Client Name: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Purpose of Contact: \_\_\_\_\_

Comments on Contact: (include emotional state of client, cooperation of client, change in circumstances and/or anything of relevance)

---

---

---

---

---

---

---

---

---

---

Volunteer Signature: \_\_\_\_\_

**TRAVELLING EXPENSES CLAIM FORM**

This form is to be used to record travelling expenses incurred whilst volunteering, for which you wish to be reimbursed.

Please attach any tickets or receipts to this form when claiming for travel by public transport.

MONTH \_\_\_\_\_

Date of travel	Where travelled to and reason for travel	By own transport No. of km travelled @ R___ per km	By public transport Cost of fare

These represent an accurate account of my expenses.

Name of volunteer:  
Signature of volunteer:  
Date:

Cash/payment amount received:  
Volunteer signature:  
Date:

OFFICE USE ONLY: Approved for reimbursement by:  
Date: