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## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

Surname	
First Name/s	
Physical Address	
Identity Number <i>(Please attach copy of ID)</i>	

Nature of Volunteer Work		
Period	Begin:	End:
Other		

### CONTACT DETAILS

Cell		Home	
Work		Fax	
Email			

I, the undersigned, hereby agree that I will volunteer my help to Underdogs SA Rehabilitation Centre. I do so with the understanding that any information that may be disclosed to me at any point in time, is done so confidentially and that I may not disclose the said information to any third party.

Any money that I receive in the form of donations or sponsorships in the name of Underdogs SA, will be reported to Underdogs SA and will not be kept undisclosed for personal gain.

In the event of not honouring the above agreement, I hereby accept any legal action that might be brought against me in this regard.

Signature

Date