LECHEM FOUNDATION

Volunteer Consent & Indemnity

For volunteers under the age of 18 — to be completed and signed by a parent or legal guardian, and handed to the team leader **before departure**.

1 · The young volunteer

Full name | Date of birth | Age

Home address

School or place of study (if any) | Volunteer's own mobile (if any)

2 · The visit

Soup kitchen / activity | Date of visit

Departure point | Be there by

Volunteers gather at **100 Tunschel Street, Pioneers Park, Windhoek** and travel together. Please arrive **30 minutes before the start time** shown for the visit. The vehicle cannot wait.

3 · Parent or legal guardian

Full name | Relationship to the volunteer

Mobile number | Alternative number | Email address

Emergency contact on the day, if different — name and number

4 · Medical information

Allergies (food, medication, insect stings, other)

Chronic conditions (asthma, diabetes, epilepsy, other)

Medication carried or taken on the day

Medical aid scheme | Membership number

Write **NONE** where a line does not apply, so we know it was not simply left blank.

5 · What we ask of every volunteer

- Wear **comfortable clothing** and closed shoes you do not mind getting dirty.
- Bring **enough water** for the whole visit.
- **Leave valuables at home.** Lechem Foundation cannot take responsibility for personal belongings.
- Stay with the group and follow the team leader's instructions at all times.
- Tell the team leader immediately if you feel unwell or need to leave.

6 · Declaration by the parent or legal guardian

1. I am the parent or legal guardian of the volunteer named in section 1, and I give permission for them to take part in the Lechem Foundation visit described in section 2.
2. I understand that the visit involves **travel in a vehicle arranged by Lechem Foundation**, and the preparation and serving of food in a community setting, under the supervision of a Lechem Foundation team leader.
3. I confirm that the medical information in section 4 is complete and correct, and I will inform the team leader of any change before departure.
4. In an emergency, and where I cannot be reached in time, I authorise the team leader to obtain **urgent medical treatment** for the volunteer, and I accept responsibility for any costs that are not covered by a medical aid scheme.
5. I understand that participation is voluntary and carries ordinary everyday risks. I accept those risks, and I indemnify Lechem Foundation, its trustees, employees and volunteers against claims arising from participation in this visit — **except** where the loss or injury is caused by gross negligence or wilful misconduct on their part.
6. I understand the personal information on this form will be used only to run the visit safely and to contact me, and will be kept by Lechem Foundation for that purpose.

7 · Photographs (optional — tick one)

☐ **YES** — Lechem Foundation may use photographs or video of my child in its reports, website and social media.

☐ **NO** — please do not use images of my child.

Leaving this blank will be treated as **NO**.

8 · Signatures

Parent / guardian signature	Full name in print	Date

Volunteer signature	Place signed	Date

Office use Received by (team leader): _____ Date: _____ Captured in Odoo: ☐

Questions? **Jenefer — 081 419 4933** (call or WhatsApp) · Lechem Foundation, 100 Tunschel Street, Pioneers Park, Windhoek · info@lechemfoundation.org · www.lechemfoundation.org