



Please Attach a Head & Shoulder Photo (Passport Size)



VOLUNTEERS

Complete the information below, scan and mail PAGES 1 to 9 ONLY

to volunteers@rhinofund.org

COMPLETE DOCUMENT CONSISTS OF - 11 PAGES

PERSONAL INFORMATION FORM

Full name _____

Address _____

Name of Institution _____

Telephone number _____

Email address _____

Date of birth _____

Passport number _____

Language proficiency _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Residential Address _____

Tel & E-mail _____

MEDICAL INSURANCE INFORMATION

Do you have Insurance Cover ? (YES / NO) _____

Specify What Type of Insurance _____

Insurance Name _____ Number _____

Insurance Contact Details _____



NO LIABILITY CLAUSE

I, the undersigned, recognise that Rhino Fund Uganda, Ziwa Rhino Sanctuary and their employees, cannot not to be held responsible for any expenses incurred by myself.

I understand that I have been accepted as a Volunteer and that I have no claims to any type of reimbursement for services that I have provided. I further understand that Rhino Fund Uganda has shared ownership of any data / photograph / materials I collect during my volunteer as well as anything I publish based on the above during and after my volunteer-ship. Anything I publish is to be approved by the RFU Executive Director prior to be publishing it. (Publish includes dissertation papers)

I understand and accept that wild animals are dangerous and unpredictable. I also understand and accept that by entering Ziwa Rhino Sanctuary, I am taking a risk of incurring injury or even death as a result of my activities involving wild animals and poachers.

I understand and accept that neither Ziwa Rhino Sanctuary or Rhino Fund Uganda, it's Directors, its employees, agents or independent contractors will undertake any responsibility whatsoever from my accidental death or any injury or loss which I may suffer caused by the act of any animal or by any act of omission of any staff member at any time. I therefore waive and release Ziwa Rhino Sanctuary, Rhino Fund Uganda, its Directors, its employees, its agents or independent contractors from all responsibility or liability whatsoever arising from death, injury, damage or loss I may suffer.

I waive and release Ziwa Rhino Sanctuary, Rhino Fund Uganda, its Directors, its employees, its agents or independent contractors from responsibility or liability whatsoever arising from any loss I may suffer as a result of theft or act of God during my volunteer-ship at Ziwa Rhino Sanctuary.

I understand that should my volunteer-ship be terminated either by choice of myself or by Ziwa Rhino Sanctuary and Rhino Fund Uganda, due to non compliance or misconduct, I forfeit all money paid by me for my volunteership with Ziwa Rhino Sanctuary.

CONFIDENTIALITY CLAUSE

I understand that in the course of working with RFU, I may have access to confidential information about RFU and its affiliates. I agree that I shall not disclose or otherwise make use of any such confidential information during my time with the Project or at any time thereafter.

As used in this paragraph, the term "confidential information" shall mean and include but not be limited to, all materials, strategies, plans, practices, functions, activities, data, financial information, or other information of RFU or any of its affiliates which are not known to the general public, including, without limitation, donor/membership lists and information, information and material relating to RFU campaigns, and information and materials relating to RFU's or any of its affiliates' strategic or tactical plans and operations.

- Volunteer Full Names : _____
- Signature : _____ Date: _____
- ✓ Guardian Full Names: _____
- ✓ Signature : _____ Date: _____
- ❖ Witness Full Names : _____
- ❖ Signature : _____ Date: _____



LIABILITY AND CONFIDENTIALITY RELEASE FORM
Continued (Page 2)

I understand that I shall be liable for any breach of this release form.

I understand and accept the above conditions of my placement with RFU / Ziwa Rhino Sanctuary.

Name of Volunteer _____

Address: _____

Phone Contact _____

Email: _____

Signature of Volunteer _____

Print Name: _____

Date: _____

Signature of Guardian _____

Print Name: _____

Date: _____

Signature of Witness _____

Print Name: _____

Date: _____

DATES / PERIOD OF VOLUNTEERING

ARRIVAL ON SANCTUARY

Arrival Date : _____ Approx arrival time : _____

VOLUNTEERING ACTIVITIES

From Date : _____ To Date : _____

DEPARTURE FROM SANCTUARY

Departure Date : _____ Approx departure time : _____

Total amount of days on Volunteer Program : _____



**ACKNOWLEDGEMENT OF UNDERSTANDING AND COMMITMENT TO COMPLIANCE OF
THE RHINO FUND UGANDA CODE OF CONDUCT**

I, the undersigned hereby declare that I have read, fully understand, agree with and undertake to comply with the Code of Conduct of Rhino Fund Uganda / Ziwa Rhino Sanctuary as part of my Volunteer agreement. I accept and agree that I cannot dispute the measures taken by Rhino Fund Uganda / Ziwa Rhino Sanctuary should I not comply with the Code of Conduct.

I fully understand that should my Volunteer-ship be cancelled due to breach of the Code of Conduct or this agreement, I will not be refunded any money paid by me to Rhino Fund Uganda / Ziwa Rhino Sanctuary for my Volunteer-ship.

Volunteer Full names: _____

Volunteer Signature: _____ Date: _____

Guardian Full Names: _____

Guardian Signature: _____ Date: _____

Witness Full Names: _____

Witness Signature: _____ Date: _____



The Ziwa Rhino Sanctuary is a very special place to complete your volunteership. It is not only interesting, fun and very rewarding, but at times it can also be a very dangerous and physically demanding place. You may be asked to join in potentially hazardous activities such as chasing after a poacher or fighting a fire in the middle of the bush. In order to ensure that we do not place you in unnecessary danger we need to know your fitness level and health standard. We will rely on this information in order to determine whether or not you will be able to take part in certain activities, and we need to know if we need to take any additional pre-cautions to keep you safe. Please complete the following questionnaire honestly and with as much detail as you can. All information will be treated confidentially.

Thank you for your cooperation.

Activity level

Do you exercise and/or play sports regularly? Yes / No :

How many times a week?

For how many hours?

What kind of exercise do you do?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.



ACTIVITIES MOST INTERESTED IN CONDUCTING

List below (in blocks provided) your preferred activity order
eg : 1 (most preferred), 2 (second most) etc. Put number in box next to activity.

General (For normal volunteer activities)

- Rhino Monitoring Day
- Reptile Identification
- Frog Patrol (Night) Frog Identification
- Fence Supervising and Maintenance Patrols Day
- Foot Patrols Night
- Problematic Plant Removal
- Small Animal Rehabilitation (**when applicable**)
- Community Education
- School Outreach & Activities
- Maintenance (General Sanctuary)
- Any other duties as per requirements

Research (Only for students doing research for papers)

- Rhino Monitoring Day
- Animal Behavior Data Collection
- Vegetation Studies
- Animal and Bird Identification
- Reptile Identification
- Frog Patrol (Night) Frog Identification
- Any other duties as per requirements

MEDICAL HISTORY

<u>Heart</u>	Yes/No	Details if yes
Do you feel tired quickly?		
Do you ever get dizzy after/during strenuous exercise?		
Do you regularly have headaches?		
Have you ever been treated for any condition related to your heart or blood pressure?		

<u>Breathing</u>	Yes/No	Details if yes
Are you out of breath quickly?		
Do you experience extra difficulty breathing when subjected to slight smoke?		
Do you have any medical condition that affects your breathing such as asthma?		
Are you prone to hyperventilation under certain circumstances?		

<u>Joints</u>	Yes/No	Details if yes
Do you have any problems with your joints and muscles such as pains, stiffness, or limitations?		
Has a doctor/specialist/physical therapist ever told you not to do certain exercises?		
Are you comfortable running over uneven terrain?		

<u>Eyes</u>	Yes/No	Details if yes
Do you have a problem with your eyes?		
Do you have a problem seeing at night?		
Do you wear glasses or contact lenses?		

MEDICAL HISTORY
Continued (Page 2)

<u>General</u>	Yes/No	Details if yes
Are you currently receiving treatment from a doctor/specialist/physical therapist/psychologist?		
Are you currently taking any medications?		
Do you have any medical conditions that could affect your work under stressful or dangerous situations?		
Do you have any phobia's that may affect your work (keep in mind the exotic bush setting so think of animals, blood, heights, needles, etc.)		
Do you have any allergies that may affect your work or medical treatment in case of emergency?		
Have you had any operations??		
Have you been treated for any illnesses within the last 6 months??		
Do you have any dietary restrictions ?		

Vaccinations/Immunizations

Which of the following vaccinations and immunizations have you had and are up to date? (Tick in applicable box)

	Yes	No
Tuberculosis Screen (Annual PPD)		
Hepatitis C Virus Screen		
Hepatitis A Virus Vaccine		
Hepatitis B Virus Vaccine		
Tetanus/Diphtheria Vaccine (Booster)		
Measles Vaccine		
Mumps Vaccine		
Rubella Vaccine		
Polio Vaccine		



MEDICAL HISTORY
Continued (Page 3)

	Yes	No
Varicella Vaccine (Chicken Pox Vaccine)		
Influenza Vaccine		
Others namely:		

Remarks

Is there anything else you feel we need to know about you which may affect your work?

Disclaimer

I hereby declare that I have completed this questionnaire honestly according to my current and past medical history.

Volunteer Full Name: _____

Date: _____ Signature: _____

Guardian Full Name: _____

Date: _____ Signature: _____

Witness Full Name: _____

Date: _____ Signature: _____



RHINO FUND UGANDA - CODE OF CONDUCT
FOR YOU TO READ AND KEEP (Do not mail back)

Page 1

- ❖ Late for duty or leaving duty early without good reason or authorization
- ❖ Absences from duty without good reason or authorization
- ❖ Poor quality of work and / or not working to standards
- ❖ Low productivity, unsatisfactory duty performance or output
- ❖ Sleeping on duty
- ❖ Malingering (loafing) on duty
- ❖ Negligence or carelessness while on or off duty
- ❖ Failure to wear protective clothing, full uniform or equipment where supplied or required
- ❖ Failure to comply with safety standards
- ❖ **For your own safety** you are not permitted to walk around at night, barring between and around the restaurant and your accommodation area.
- ❖ Refusal to carry out reasonable and legitimate instructions
- ❖ Gross insubordination - rebellion and / or arrogance
- ❖ Disregard of company rules and standard regulations
- ❖ Poor maintenance of company equipment being used by you
- ❖ Not following the correct chain of command
- ❖ Theft or unlawful possession of company or employee property, fraud, falsification of company related documents
- ❖ Creating conditions contributing to poor housekeeping
- ❖ Unauthorized misuse or damage of company property
- ❖ Interference / disruption of duty of other employees
- ❖ Abusive behavior including horseplay
- ❖ Sex talk or sexual acts with any staff members or clients
- ❖ Fraternizing with staff members or clients
- ❖ Unacceptable body contact with staff members or clients
- ❖ Entering staff member or clients room or allowing staff members or clients to enter your room
- ❖ Smoking in “no smoking” areas
- ❖ Being under the influence of alcohol or drugs
- ❖ Unauthorized possession / trading in / handing out to others - any form of alcohol or drugs
- ❖ Failure to report an accident or incident whether on or off duty
- ❖ Distributing any political pamphlets or other such documents
- ❖ Addressing gatherings of staff on political ideologies
- ❖ Littering
- ❖ Misuse or abuse of a position of authority / trust
- ❖ Bringing the company into disrepute. Reporting incidents of the company to any person or institution without the permission of the Executive Director. Tainting the name of any employee or Management staff.
- ❖ Deliberately supplying incorrect information
- ❖ Offensive behavior
- ❖ Actual / threatened or attempted - assault, intimidation or fighting
- ❖ Damage to company or staff property, materials or equipment
- ❖ Driving company vehicles without the necessary authorization
- ❖ Falsifying company records or reports
- ❖ Being involved in any act that is considered a crime by the Law of Uganda or being convicted of any act that is considered a crime by the Law of Uganda



RHINO FUND UGANDA - CODE OF CONDUCT
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Continued (Page 2)

- ❖ Possession of a firearm or other dangerous weapons
- ❖ Inciting employees to violence of any type
- ❖ Spreading rumors or malice talk about co-workers / staff / Management or clients, including threats
- ❖ Use of abusive or objectionable language in either public or private communication
- ❖ Misrepresentation of oneself or inappropriate representation of the Company
- ❖ Loading illegal software or offensive material onto a company computer. Willful or negligent introduction of a virus onto an employee's computer or any other computer system in the company
- ❖ Use of electronic mail, online services, internet facilities and services, and the world wide web for unlawful or malicious activities
- ❖ Negligent misconduct in relation to computers and software technology. Intentional or grossly negligent damage to computer hardware or software of the company or an employee
- ❖ Accessing pornographic or discriminatory material, use of electronic mail for communications that contain improper or unlawful statements including, but not limited to, ethnic slurs, racial epithets, or anything that may be construed as harassment or disparagement of others based on race, national origin, sex, sexual orientation, age, disability or religious beliefs; or communications that contain sexually explicit or offensive images, cartoons, graphics, sound or text. viewing, downloading, copying, storing and/or distributing undesirable, indecent and/or obscene graphics, images, cartoons, sound or text from email, the internet, the world wide web or any data storing utility
- ❖ Changing the configuration of computer hardware or software without proper authorization
- ❖ Removing a computer, software or hardware from offices without authorization
- ❖ Divulging of allocated user names and/or password to any third party or co-employee or allowing a co-employee or third party to use the user name and/or password
- ❖ Accessing information available on company computers or net duties to which you are not properly authorized. For example, attempts to "hack" into other systems or another person's login, "crack" passwords, breach computer or net duty security measures, or monitor electronic files or communications of other employees or third parties except by the explicit direction of management
- ❖ Unauthorized use of an employee or company computer
- ❖ Unauthorized use of private software on employee or company computers. Downloading and unauthorized copying of company and other software

Guardian	-	Person legally responsible for volunteer below the age of 18 years
Witness	-	Person over the age of 18 years confirming information completed
Staff	-	Any person working for RFU, ZRWR, AMUKA
Employee	-	Any person working for RFU, ZRWR, AMUKA
Company	-	Rhino Fund Uganda, Ziwa Rhino&Wildlife Ranch or Amuka Lodge
Duty	-	Duty assigned to you as a Volunteer
Management	-	Executive Director, Education Manager or any other Manager
Client	-	Any visitor to the sanctuary
RFU	-	Rhino Fund Uganda
ZRWR	-	Ziwa Rhino & Wildlife Ranch
AMUKA	-	Amuka Safari Lodge

