

Retina South Africa

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VOLUNTEER AGREEMENT

Save Sight, Change Lives – Volunteer with Retina South Africa Today!

Your time can bring hope and light to someone's life! By signing up, you're joining a passionate team dedicated to fighting vision loss and supporting those affected by retinal conditions.

This form gives us an opportunity to connect with you to learn more about you and how you'd like to get involved - whether it's assisting at events, spreading awareness, or lending your skills behind the scenes. Every effort counts and together we can make a real difference in saving sight and changing lives!

*** Indicates required question**

Full Name*
Email*
Phone Number eg. 0114501181 / 0824445000*
Preferred Contact Method (check all that apply)* ☐ eMail ☐ Telephone ☐ Whatsapp
Availability* ☐ Weekdays ☐ Weekends ☐ Weekends, including Sundays ☐ Any of these ☐ Other:
Residential Province*
Residential City or Town or closest City or Town*
Privacy Consent* ☐ In compliance with PoPIA I agree that Retina South Africa can store and use my personal information for my volunteer role. I understand I can ask for my details to be removed or updated anytime by emailing informationofficer@retinasa.org.za .
Future Volunteering Opportunities* Please add my mobile number to the RetinaSA Volunteers Whatsapp Group where volunteering opportunities will be posted ☐ Yes ☐ No
Please subscribe me to Retina South Africa's digital newsletters* ☐ I Agree and understand I can unsubscribe at any time ☐ I do Not Agree
Please read our full Volunteer terms and conditions https://retinasa.org.za/wp-content/uploads/2025/12/LD-040-Volunteer-Terms-Conditions-Final.pdf Read our Privacy Policy http://retinasa.org.za/wp-content/uploads/2022/02/PIS-001-Privacy-Policy-1.pdf
☐ * By ticking this box, I confirm that I've read and agree to the Volunteer terms and conditions

LD-040 Volunteer Agreement simple

Effective Date: 9 December 2025

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