

VOLUNTEER APPLICATION FORM

NAME: _____

DATE: _____

AREAS OF INTEREST:

Accounting	<input type="checkbox"/>	Administration or Clerical Work	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	Projects & Events	<input type="checkbox"/>
Thrift Shop	<input type="checkbox"/>	Resource Centre	<input type="checkbox"/>
Community Outreach	<input type="checkbox"/>	Rehabilitation Centre	<input type="checkbox"/>
Hospital & Support Groups	<input type="checkbox"/>	Schools & Education	<input type="checkbox"/>
Volunteer & Membership Drive	<input type="checkbox"/>	Partner/Affiliate Management	<input type="checkbox"/>

Other (please specify) _____

Area(s) of expertise or qualification:

PERSONAL INFORMATION:

Address: _____

Parish: _____

Telephone No.: _____ (h) _____ (w) _____ (c)

E-mail **Occupation:** _____

Please turn over...

EMERGENCY CONTACT:

Name: _____ Relation: _____

Tel No: _____(h) _____(c)

PREVIOUS WORK OR VOLUNTARY EXPERIENCE:

Entity	Duties	Duration

CONDITIONS

- I have supplied truthful information to the best of my knowledge and recognise that it is subject to evaluation.
- I agree and understand that as a volunteer, the Heart & Stroke Foundation of Barbados is not obligated to give me with any payment or benefit for my services.
- I agree not to pursue any claim or initiate any action against the Heart &Stroke Foundation of Barbados in the event I suffer any injury or damage.
- I agree and understand that a police certificate of character, curriculum vitae and immunization maybe required in areas of money and/or food handling.
- I authorize the Heart & Stroke Foundation of Barbados to have access to my personal information.
- I have carefully read, understand and agree to the stated conditions.

Signature of Applicant: _____

For Official Use

Date: _____

Name of HSF B Representative: _____ Signature of HSF B Representative: _____

This application form and its accompanying declaration must both be signed for application completion.
Thank you for partaking in this process.