

Volunteer Form

Thank you for expressing an interest in becoming an ADFA volunteer

By completing this form you are enabling us to find appropriate work which will best suit your skills, talents and experience and requirements. All information that you provide is strictly confidential.

VOLUNTEER DETAILS

Surname: _____ First Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Occupation: _____

Employer: _____

Person to notify in case of accident: _____

Phone: _____

Medical History:

Do you suffer from diabetes, epilepsy, or anything else we should be aware of?

Qualifications: _____

Courses currently being studied: _____

Skills and experience: _____

Interests and Hobbies: _____

Languages Spoken: _____

Volunteer Form

Reference: Name: _____
Position: _____
Address: _____
Phone: _____

What motivated you to enquire about volunteer work with ADFA?

AVAILABILITY

Days available (please circle)

MON TUES WED THURS FRI SAT SUN

Hours/times available (Please circle)

9am –Noon Noon – 5pm Evenings Other

What is your preferred time: _____

PREFERRED VOLUNTEER WORK (Please tick)

Medical Teams

Website

Office/Secretarial/Clerical

Marketing Presentation

Fund Raising

Other (Please state)

COMMUNITY REPRESENTATION

I'd like to be an ADFA Community Representative by helping to promote the work of the ADFA in my local community, school or workplace.

I'm interested in participating in the Medical Supplies and Equipment Programme.

I'd like to fight poverty through awareness and fund raising with ADFA.

Signed: _____ Date: _____

Please return this form, your CV and contact details for two referees to:

Australian Doctors for Africa
20 Colin Street
WEST PERTH WA 6005
Telephone: 08 9321 5480
Fax: 08 9321 2843
Email: gforward@iinet.net.au

To be completed by ADFA Office Manager:

Date Received: _____ Date Interviewed: _____

Interviewed By: _____

Accepted as a Volunteer for: _____

Started Work as a Volunteer on: _____

Comments: _____

First Aid Certificate

Police Clearance
