

## VOLUNTEER APPLICATION FORM

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### AREAS OF INTEREST:

Accounting

Administration or Clerical Work

Counselling

Projects & Events

Thrift Shop

Resource Centre

Community Outreach

Rehabilitation Centre

Hospital & Support Groups

Schools & Education

Volunteer & Membership Drive

Partner/Affiliate Management

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 HSFb Representative: \_\_\_\_\_ Signature of HSFb Representative: \_\_\_\_\_

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