Volunteer Application Form

Thank you for your interest in becoming a volunteer. Please fill in this application form (each page) and return to the address provided below

Surname: _____ **First Name** _____

Preferred Name:……

Home Address:……

Day Phone:…… **Evening Phone:**…… **Email:**……

Date of Birth:……

What languages do you speak? ……

Please list your reasons for volunteering for FOFH

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……

……

Please list your relevant qualifications and experience.

……

……

……

Health:
Do you have any health/physical limitation which may restrict your ability to work in some areas?

……

……

Friends of Fiji Health NZ Inc

P.O. Box 56 607 Dominion Road Auckland 1042Ph: (09) 3025930 Fax: (09) 3025939

Credentials :
Your current annual practicing certificate in the field of your practice is sufficient credential for purpose of FOFH

Do you have a current practicing certificate RELEVANT TO YOUR FIELD OF PRACTISE?

- o **Yes**
- o **No**

If Yes, what does this relate to?

…….

…….

Do we have your permission to publish your name and phone number(s) on the Volunteer Phone List of FOFH?

o **Yes**

o **No**

I state that I have the relevant qualifications and experience for the services I am offering and confirm that no further training is required.

I acknowledge that as a condition of my acceptance as a volunteer I will be required to sign a code of conduct which will be contained in a volunteer handbook.

Please place a tick beside the area/s you would prefer to volunteer in:

☐	*General Physician*	☐	*Urologist*
☐	General Surgery	☐	Physiotherapist
☐	Colon & Rectal Surgery	☐	Pathologist
☐	Anesthetist	☐	Nursing (Theatre/Ward/General)
☐	Anesthetic Technician	☐	Oncologist
☐	Ear Nose & Throat	☐	Others (Please specify
☐	Obstetrician & Gynecologist		
☐	Internal Medicine (Specify type)		
☐	Neurologist		

I declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I have already commenced, I accept that my services may no longer be required.

Signed: _____

Date: _____

All information given on this form will be absolutely confidential to FOFH Trust Board.

Please return this form to:

The Secretary
FOFH
PO Box 56607
Dominion Road
Auckland