

**BARBADOS DEFENCE FORCE
FIELD MEDICAL FACILITY
REGISTRATION OF INTEREST FORM**



The Barbados Defence Force Field Medical Facility encourages the participation of volunteers who support this newly formed initiative. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application.

The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Please use block letters

Name: _____

Address: _____

City: _____ Parish/State: _____

Country: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: M F

Phone: (H) _____ (C) _____ Email: _____

Employer: _____ Position: _____

Any special talents or skills you have that would benefit our organization?

Any physical limitations? _____

Interests:

Please tell us which areas you are interested in volunteering:

Administration: Clerical Records/Data Management Office Administrator
Media Relations

Health Care: Doctor Pharmacist Registered Nurse Nursing Assistant
EMT Mental Health Medical Clerk Midwife
Environmental Officer

Technical: Communications Plumber Electrician Carpenter
Welder Waste Management Information Technology
Risk Officer

Training to be a Certified Member of the team usually occurs on Saturdays and Sundays, and specified occasions on weekdays, during or after normal working hours (5pm until). Please indicate your preference below.

Mon Tue Wed Thu Fri Sat Sun

Times available:

Weekdays: from _____ to _____

Weekends: from _____ to _____

In case of emergency contact:

Name: _____ Tel: _____

Name: _____ Tel: _____

Policies and procedures of the Field Medical Facility states you will be volunteering at your own risk and that the organization, its employees and affiliates, cannot assume any responsibility or liability for any accident, injury or health problem which may arise from any volunteer work you perform for the organization.

I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____

Kindly return completed forms to the Barbados Defence Force, Headquarters St. Ann's Fort, The Garrison, St. Michael in care of Barbados Defence Force Field Medical Facility.