



VOLUNTEER REGISTRATION FORM

Name:	
Address:	
Telephone (h):	
Telephone (w):	
Telephone (m):	
Email:	
Occupation:	
AHPRA Number(AUS): Working License(VN):	
Area/s of interest OR where you can assist:	<input type="checkbox"/> Fundraising / Donations <input type="checkbox"/> Administration <input type="checkbox"/> Medical supplies <input type="checkbox"/> Annual Vietnam Trip
Please provide a brief description about yourself <ul style="list-style-type: none"> ▪ Area of expertise ▪ Reason for interest with AVCF ▪ Previous volunteer experience 	
<input type="checkbox"/> I have read AVCF's Privacy Policy.	
<input type="checkbox"/> I agree to abide by the Code of Conduct of AVCF and I understand that such adherence is a condition of my volunteer work. I understand that any violation of the Code of Conduct may be grounds for termination as a volunteer.	
<input type="checkbox"/> I give permission to have my information published in the AVCF webpage under "Volunteer Profile". (NOTE: No address or telephone details will be displayed).	
Signature: Date: / /	

Please email or fax this form to AVCF Limited: contact@avcf.org.au or fax to: (02) 9726 6247.