



P O Box 562, Abingdon OX14 9EJ  
0845 224 3582

## Volunteer Profile

Please complete all sections of this profile IN CAPITALS. You can do this on screen if you wish. Please print a copy, sign and date it and send it by post to the address above.

**Your name:**

**Your address:**

**Your postcode:**

**Your email:**

**Home phone:**

**Work phone:**

**Mobile phone:**

**Your interest:** medical/micro-enterprise/building work/local rep for MAI

**Academic &/or Medical Qualifications** (please state what, where & when):

**Medical Experience** (please state what, where & when):

**Other Relevant Experience** (please state what, where & when):

**Hobbies/Other Interests:**

**Which of our projects interests you?** (Nigeria/Pakistan/South Africa/Sudan)

**For how many days or weeks would you want to be with the project?**

**How much notice would you need before being available?**

**Please give the name, address & email address of a suitable referee** (this person will not be contacted until we have spoken with you further):

**Passport Number and expiry date:**

**Full name, address and contact number of person to be contacted in case of emergency:**

**Do you have any on-going health issues (please specify): Yes/No**

**Are you taking any long term medication (please specify): Yes/No**

**Do you suffer, or have you suffered, from any mental illness that might affect your work (if yes, please complete, sign and date a statement giving details on a separate sheet): Yes/No**

**Do you have any special dietary requirements (please specify): Yes/No**

**Have you ever had any civil or criminal conviction, caution, reprimand or final warning or is a police enquiry or prosecution pending (if yes, please complete, sign and date a statement giving details on a separate sheet): Yes/No**

**Under the Disqualification for Caring for Children Regulations 1991, have you ever had a child removed from you or placed under supervision by the Local Authority (if yes, please complete, sign and date a statement giving details on a separate sheet): Yes/No**

**HEALTHCARE VOLUNTEERS ONLY.** All healthcare volunteers will be personally accountable for their practice in line with their professional code of conduct. They undertake to respect the patient or client as an individual, protecting confidential information at all times.

**Are you currently registered with a professional body? Yes/No**

**Do you currently hold professional indemnity with a Defence Society? Yes/No**

**Please sign and date this Profile to confirm that to the best of your knowledge and belief the information above is correct and that you have read and accept the basis of volunteering with MAI.**

**Signed:**

**Date:**