



Value Health Africa (VAHA) Cameroon

FIRST FLOOR C-16 TATSA BUILDING
P.O BOX 1055, Bamenda
N.W. Region, Cameroon
Tel: +237683402456/+237679702525
Website: www.valuehealthafrica.org

Promoting Improved health standards in Cameroon and Africa at large

Volunteer Engagement form

This form is to be completed and signed by the Volunteer and the board of Directors of **Value Health Africa** will confirm your engagement within 30 working days. Completed form should be e-mailed to valuehealthafrica@gmail.com.

VOLUNTEER DETAILS

Identification Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phones: _____ Email: _____

Profile Information

☐ Undergraduate Student

☐ Graduate Student

☐ Post-Doctoral Student

☐ Community Member

☐ Other: _____

Period of Engagement

From: To:

Hours per week (approx.):

Days to be worked:

Interests and Skills

Please tell us what interests you in volunteering with Value Health Africa.



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Please tell us about any skills or interests that may be relevant to volunteering.

Declaration by the Volunteer

- I understand that I am volunteering my services as a young medical volunteer to **Value Health Africa** and that I will not receive any remuneration for those services.
- I will undertake my volunteering duties in accordance with all reasonable and lawful instructions from my supervisors.
- I accept that I must, at all times, behave in a manner that will not bring the team into disrepute.
- I will undertake any training(s) arranged or recommended by my supervisors.
- I understand that I must not disclose, disseminate or otherwise make use of confidential information relating to the community affairs, or personal information relating to individuals, that I may have access to during the course of my engagement as a volunteer in the Association.
- I understand that the Association's board has the right to terminate my engagement as a Volunteer at its absolute discretion and/or if I fail to comply with the provisions of the Association.

Affirmation

I affirm that the information that I have provided in support of this application is complete and true. I agree to the terms and conditions stated in this application form. I authorize VAHA to conduct a criminal history background investigation on me. I understand that this position is truly a volunteer position and that I am volunteering my time and effort without cost to VAHA and understand that will receive no compensation or benefits for this volunteer work.

Volunteer (name)

Signature.....

Date.....