



VOLUNTEER APPLICATION FORM

Insert 1X1
Picture here

FIRST NAME: _____ **LAST NAME :** _____ **SEX:** ☐M ☐F **AGE:** _____

Profession: ☐Medical Doctor ☐Nurse ☐Midwife ☐Others _____

Specialization: _____ **Sub Specialization:** _____

Current Professional License Title: _____ **Expiration Date:** _____

For Student: Course _____ Major: _____ Year Level: _____

Is your volunteer activity part of your clinical training/school requirement? ☐Yes ☐No

Currently enrolled ☐Yes ☐No Name of School _____ School contact person: _____ Position: _____ Tel.No. _____ Email: _____

Purpose for volunteering: ☐Conduct Training/Lecture ☐Clinical Practice/ Consultation
☐Provide bedside nursing care ☐Improve personal skills others: _____

Area of interest/s

☐Emergency Dept. ☐Adult Ward ☐Pediatric Ward ☐NICU ☐Operating theater ☐Anesthesia
☐Women's Clinic ☐Maternity Ward ☐Physiotherapy ☐OPD ☐Radiology/Imaging ☐Day Care
☐Diabetes Clinic ☐Laboratory ☐Administrative office ☐Facility Management

Clinical skills: _____

Clinical Expectation: _____

Present Work and Address _____

Position: _____ **Email:** _____ **Tel. No.** _____

How did you learned about SKMH? (HOPE worldwide, HVO, etc) : _____

Duration of volunteer work: from _____ to _____ total number of days: _____

Home Address _____ **Country** _____ **Tel. No.** _____

Person to notify in case of emergency: _____ **Relationship:** _____

Address _____ **Tel No. :** _____ **Email:** _____

Do you have international health insurance? ☐Yes ☐No

I hereby declare that all information stated above are true (Kindly Attached a copy of your CV and Passport)

Applicant full name and signature: _____ **Date:** _____

Note: Volunteer coordinator will notify you of the status of your application once all copies of documents are complete and submitted.

-----**FOR SKMH VOLUNTEER EVALUATOR USE ONLY. DO NOT FILL UP THE FOLLOWING INFORMATION**-----

Date received: _____ **Received by:** _____

Referred to: ☐CEO/Hosp. Director ☐C.O.O. ☐Chief Medical Service ☐DON

Status: ☐Approved ☐Waiting ☐Not Approved

Authorized by: _____ **Position:** _____ **Date:** _____

Noted By: _____ **Position:** _____ **Date:** _____