

SYRIAN AMERICAN MEDICAL SOCIETY

MEDICAL MISSIONS VOLUNTEER APPLICATION

Please s	elect the role y	ou are applying	for		
	Medical Voluntee ☐ Physician/Surge ☐ Dentist ☐ Nurse Practition ☐ Nurse	on □ Pharmacist □ Sonographe	er	Ion-Medical Volunteer Interpreter Photographer/media Logistics Volunteer Other:	_
	icate your medical s and any additional ons:				
Are you currently practicing or retired?			If retired, in w	nich year ou retire?	
Dates Available:		From:	То:		
In which m	nission location(s) are sted?				
Were you referred to SAMS' Medical Missions by anyone?			If yes, b	y whom?	
1. APP	LICANT INFO	RMATION			
Full Name*	First Name	Last Name	2	Middle	
Address*	That Name	Last Hanne		Tridate	
	Street Address			Apartment/Unit #	
	City State/Prov		vince/Region	ZIP Code	
	Country of Pasidance	,			

Email Address*			Nationality*							
Cell Phone*			Passport Number*							
Are you a currer	nt Syrian-Americ	an Medical Societ	y member?*		o Yes	o No				
If yes, wh the coun		ot in the US, spec	ify							
Have you ever v	olunteered in a s	SAMS medical mis	sion?*		o Yes	o No				
If yes, wh all)	nen and where (I	st								
Current Employm and position):	nent (employer r	ame								
Please list any institutional affiliations (hospital group, universities, medical societies, etc):										
Please list any experiences working in humanitarian contexts, international health centers, in humanitarian emergencies, or with displaced persons/populations:										
	O									
What languages	do vou speak?									
	are year epices									
Please list two professional		Full Name:	Relationship	Relationship:						
references:		Email:		Phone:	Phone:					
		Reference 1								
		Full Name:		Relationship	Relationship:					
		Email:		Phone:	Phone:					
		Reference 2								
2. EMERG	ENCY CO	NTACT								
Name*			Relationship to you*							
Cell Phone*			Email*							

3. EDUC	ATION										
1- University/	College						City & Country				
Field of Study							Degree				
	L	As written	on your dip	loma/certit	ficate		_	Master, i MBA, MS			
Date of Graduation (or expected) Month / Day / Year						id you raduate?	o Ye	:S	o No		
2. Hairranita	/C - II		Monthly D	ay / Tear			City &				
2- University/College							Country				
Field of Study	/						Degree				
	L	As written	on your dip	oloma/certi	ificate			Master, in MBA, MS			
Date of Graduation (or expected)							id you raduate?	0 Ye		0 No	
			Month / D	ay / Year			radate.				
Do you have	e any spec	ialized traiı	ning/certific	cates?							
Year	Training/Certificate Title				Institute				Country		
4. BACK	GROUN	ND									
Have you pre misconduct, v								ion?	0	Yes	O No
If yes,	explain										
5. DISCLA I certify that m misleading info for SAMS is co	ny answers ormation in	are true and my applica	d complete ation may re	to the best sult in my (dismissa	l. I ag	ree that my				unteer
Applicant Signature				Print Name							
Date											

medicalmissions@sams-usa.net