



SYRIAN AMERICAN MEDICAL SOCIETY

MEDICAL MISSIONS VOLUNTEER APPLICATION

Please select the role you are applying for...

Medical Volunteer

- Physician/Surgeon Pharmacist
 Dentist Sonographer
 Nurse Practitioner Other: _____
 Nurse

Non-Medical Volunteer

- Interpreter
 Photographer/media
 Logistics Volunteer
 Other: _____

Please indicate your medical specialty/s and any additional certifications:

Are you currently practicing or retired?

If retired, in which year did you retire?

Dates Available:

From:	To:
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In which mission location(s) are you interested?

Were you referred to SAMS' Medical Missions by anyone?

If yes, by whom?

1. APPLICANT INFORMATION

Full Name*

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First Name</i>	<i>Last Name</i>	<i>Middle</i>

Address*

<input type="text"/>	<input type="text"/>
<i>Street Address</i>	<i>Apartment/Unit #</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>City</i>	<i>State/Province/Region</i>	<i>ZIP Code</i>

<input type="text"/>
<i>Country of Residency</i>

Email Address*

Nationality*

Cell Phone*

Passport Number*

Are you a current Syrian-American Medical Society member?*

Yes

No

If yes, which chapter (if not in the US, specify the country)

Have you ever volunteered in a SAMS medical mission?*

Yes

No

If yes, when and where (list all)

Current Employment (employer name and position):

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:

What languages do you speak?

Please list two professional references:

Full Name:

Relationship:

Email:

Phone:

Reference 1

Full Name:

Relationship:

Email:

Phone:

Reference 2

2. EMERGENCY CONTACT

Name*

Relationship to you*

Cell Phone*

Email*

3. EDUCATION

1- University/College City & Country

Field of Study Degree
As written on your diploma/certificate *Master, PhD, MD, MPH, MBA, MSN, BSN...etc*

Date of Graduation (or expected) Did you graduate? Yes No
Month / Day / Year

2- University/College City & Country

Field of Study Degree
As written on your diploma/certificate *Master, PhD, MD, MPH, MBA, MSN, BSN...etc*

Date of Graduation (or expected) Did you graduate? Yes No
Month / Day / Year

Do you have any specialized training/certificates?

Year	Training/Certificate Title	Institute	Country

4. BACKGROUND

Have you previously been subject to any disciplinary proceedings against you for misconduct, which resulted in a disciplinary action from any employer or organization? Yes No

If yes, explain

5. DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my dismissal. I agree that my participation as a volunteer for SAMS is contingent upon satisfactory completion of a background check.

Applicant Signature Print Name

Date