



SYRIAN AMERICAN MEDICAL SOCIETY

MEDICAL MISSIONS VOLUNTEER APPLICATION

Please select the role you are applying for...

Medical Volunteer

- Physician/Surgeon
- Dentist
- Nurse Practitioner
- Nurse

- Pharmacist
- Sonographer
- Other: _____

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"/>
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First Name

Last Name

Middle

Address*

<input type="text"/>	<input type="text"/>
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Street Address

Apartment/Unit #

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State/Province/Region

ZIP Code

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

T-Shirt/Vest Size

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

Are you fully vaccinated against COVID-19? Yes No

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