



VOLUNTEER APPLICATION FORM



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: _____