



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*

<i>First Name</i>	<i>Last Name</i>	<i>Middle</i>
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Address*

<i>Street Address</i>	<i>Apartment/Unit #</i>
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<i>City</i>	<i>State/Province/Region</i>	<i>ZIP Code</i>
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<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	<input type="text"/>	City & Country	<input type="text"/>
Field of Study	<input type="text"/> <i>As written on your diploma/certificate</i>	Degree	<input type="text"/> <i>Master, PhD, MD, MPH, MBA, MSN, BSN...etc</i>
Date of Graduation (or expected)	<input type="text"/> <i>Month / Day / Year</i>	Did you graduate?	<input type="radio"/> Yes <input type="radio"/> No
2- University/College	<input type="text"/>	City & Country	<input type="text"/>
Field of Study	<input type="text"/> <i>As written on your diploma/certificate</i>	Degree	<input type="text"/> <i>Master, PhD, MD, MPH, MBA, MSN, BSN...etc</i>
Date of Graduation (or expected)	<input type="text"/> <i>Month / Day / Year</i>	Did you graduate?	<input type="radio"/> Yes <input type="radio"/> No

Do you have any specialized training/certificates?

Year	Training/Certificate Title	Institute	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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