



**MOBILE MEDICS INTERNATIONAL
VOLUNTEER APPLICATION**

PERSONAL INFORMATION:

First/given Name: _____

Middle Name: _____

Last/Sur Name: _____

Preferred Name: _____

Gender: Male _____ Female _____

Date of Birth: _____

Home Address: _____

City: _____

State/Province: _____ Postal Code: _____

Country: _____

Home Phone: _____

Mobile Phone: _____

E-Mail: _____

Unisex T-Shirt Size: _____

CITIZENSHIP:

In which countries do you hold citizenship?: _____

Primary: _____ Secondary: _____

Full name on passport: _____

Issuing country on passport: _____

Countries of residence in the last 7 years: _____

REFERENCES:

Name: _____ E-mail: _____

Phone: _____ Relationship: _____

Name: _____ E-mail: _____

Phone: _____ Relationship: _____

Name: _____ E-mail: _____

Phone: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Home phone: _____

Mobile Phone: _____

Work phone: _____

E-mail: _____

How did you hear about Mobile Medics International?

MEDICAL HISTORY:

List any medical, physical or psychological conditions you have as well as any medications.

As part of ongoing volunteering with Mobile Medics International, you will be asked to fill out a medical questionnaire prior to each mission you are rostered for. Medical records are kept confidential and only shared with those that have a need to know as part of the safety and well-being of yourself and fellow volunteers.

Preexisting conditions do not automatically disqualify you as an applicant. You may receive a follow up questionnaire that will be reviewed by our medical director and executive director prior to interview.

CRIMINAL BACKGROUND:

Have you ever been charged with or convicted of any crime including either a felony or misdemeanor?

Yes _____ NO _____

(If conditionally accepted, you will be need to obtain a background check to complete your application process. The link to the required site will be sent to you.)

If yes, please explain: _____

PROFESSIONAL CERTIFICATIONS AND LICENSURE:

Highest level of medical certification: _____

Year you started practice: _____

Issuing Country, State/Province: _____

Have you ever had your professional license investigated, revoked or suspended?

YES _____ NO _____

If yes, please explain: _____

INTERNATIONAL EXPERIENCE:

(MMI does not require previous international experience to apply or be accepted)

1. Foreign Languages Spoken: _____
Degree of fluency: (fluent, Intermediate, Novice) _____

2. Foreign Languages Spoken: _____
Degree of fluency: (fluent, Intermediate, Novice) _____

3. Foreign Languages Spoken: _____
Degree of fluency: (fluent, Intermediate, Novice) _____

Have you worked in other countries before? If yes, in what context? What did you learn?

What is your response to working in uncomfortable and stressful environment's? Please provide examples of previous experiences.

MMI works in areas of the world where there will be health risks, extreme weather, and limited amenities. What apprehensions and or/expectations do you have about traveling with a team from MMI or working in these types of environments?

Thank you for your interest in volunteering with Mobile Medics International. E-mail this application and supporting documentation to mobilemedicsintl@gmail.com.



APPLICATION CHECKLIST

1. COMPLETED APPLICATION
2. COLOR COPY OF PASSPORT
3. COPY OF CURRENT MEDICAL LICENSE/CERTIFICATION
4. SIGNED STATEMENT ATTESTING TO HAVING READ “KNOW BEFORE YOU GO”

Please do not include any documentation not on this checklist.

I ATTEST THAT I HAVE READ AND UNDERSTOOD THE “KNOW BEFORE YOU GO” DOCUMENT PRIOR TO FILLING OUT THIS APPLICATION.

(This document can be found on our website, www.mobilemedicsinternational.org under the “volunteer” tab.)

Printed Name: _____

Signature: _____

Date: _____