



# ORGANIZATION FOR MEDICAL OUTREACH TO COMMUNITIES

## VOLUNTEER REGISTRATION FORM

Personal / contact details:	
Date	/ /
Name	
Address	
Phone 1	
Phone 2	
Email address	
Preferred method of contact	
Current occupation / study	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>
<b>Emergency Contact Details:</b>  Name:  Relationship to you:  Phone 1: Phone 2:	

**Referees. Please provide the name and contact details of at least two referees:**

Name:  Male  Female

Phone1: Phone2:

Relationship to you:

Name:  Male  Female

Phone1: Phone2:

Relationship to you:

**Experience and qualifications. Please provide details of experience relevant to this role**

*Please tick any of these skill areas if they relate to you:*

- Medical laboratory technology scientist
- Medical doctor/ Clinical officer
- Pharmacist
- Psychologist
- Computer science/ IT
- Other

*Please elaborate on these experiences in the space below:*

**Languages spoken**

**Other voluntary work**

**Hobbies / Interests**

**Why are you interested in becoming an OMOC volunteer?**

**Where did you hear about this OMOC?**

Personal Information:	
Age	<input type="checkbox"/> <18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 55+
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest education qualification achieved?	

<p><b>Privacy statement:</b></p> <p>The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work in OMOC. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with partner organisations and funding bodies.</p> <p>By signing this form, I attest that the information supplied is true and accurate.</p> <p>I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process. I confirm that I am willing to volunteer for at least six months period and to attend OMOC events.</p> <p><b>Signature:</b></p> <p><b>Name:</b> _____ <b>Date:</b> _____</p>
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*Work with **OMOC**, gain valuable international experience, learn basic medical training, and explore the cultural and natural beauty of the host cities. Included in the program fees are in transportation, food and lodging, support staff including doctors and other staff members. **OMOC** programs are challenging, rewarding, safe, and personalized experiences. Our volunteers receive the opportunity to develop and learn new skills and attend various meetings, conferences, and events that provide them with networking opportunities and much more. Their experience here not only supports their communities but it also prepares them for future careers. We also provide certificates for a volunteer worked with us for at least six months.*

*Volunteers are adventurous, enthusiastic, caring, sensible, humble, and curious individuals. Volunteers are expected to learn and grow while improving themselves and the communities in which **OMOC** works. Volunteers must be at least 18 years old. Medical training and English language are useful skills but are not required for a successful experience. We will teach you many of the medical skills required while you are volunteering with us.*