

Medical Volunteer Information Sheet

Full Name:
Gender (please circle): MALE / FEMALE
Nationality:
UAE Residential Address:
UAE Employer and Address:
Contact Email (personal email is preferred):
Contact Phone Number (mobile phone number is preferred):
Profession/Notable Skills:
Current Responsibilities: <ul style="list-style-type: none">• Have you treated patients in a ward or acute-care setting continuously over the past two years? YES / NO• Please provide the approximate percentage of patients in your care over the past two years? 0 - 15 years old ____ % 15 years and older ____ %• Please summarize your current duties:
Cleft Experience, if any (please summarize experience):
Paediatric Experience, if any (please summarize experience):
Languages Spoken:
Volunteering Experience, if any (please summarize experience):
Volunteering Interests: <ul style="list-style-type: none">• Are you able to travel within the Emirates for volunteering at medical missions and programs? YES / NO• Are you able to travel internationally with the charity to medical missions throughout the Middle East, Asia, and Africa? YES / NO

Please complete at your earliest convenience, and return to: medicalvolunteers@operationsmileuae.ae

Thank you.