

HEALTH OUTREACH

117 Queen Street South, Unit 2
Mississauga, Ontario L5M 6B5
Phone: (905) 567-8899 Fax: (905) 567-9097

VOLUNTEER PROFILE FORM

All participants are required to complete an application and submit to the above address. (Please print clear or type)

Print this page, complete application form in full and submit to the address listed above in attention to Elizabeth Galarza-Lee.

Personal Data

Name: _____ Sex: M _____ F _____
Full Name

Date of Birth: ____/____/____ SIN #: ____ - ____ - ____ Marital Status: _____
(dd / mm / yyyy)

Citizenship: _____
Note: you are responsible for ensuring all required documentation is obtained prior to traveling.

Address Information

Home: _____ Office: _____

City, Province: _____ City, Province: _____

Postal Code: _____ Postal Code: _____

Phone: () _____ Phone: () _____

e-mail: _____ Fax: () _____

Professional Information

Specialty: _____

Board Qualifications (Licensure): _____

Student: MEDICAL _____ DENTAL _____ NURSING _____ Other: _____

Years of Experience: _____

Current Professional Status (i.e., active, academic/hospital, retired etc.): _____

Have you ever had a professional license revoked/suspended? If yes, explain on a separate sheet: _____

Prior International Experience

Have you participated in an overseas volunteer project before? _____

1) Country: _____ Date: _____ Sponsor: _____

2) Country: _____ Date: _____ Sponsor: _____

Why I want to volunteer

Briefly indicate why you are interested in volunteering with Health Outreach. Please use additional sheet of paper if needed. _____

Travel Information

I wish to be accompanied by: SPOUSE _____ CHILDREN (ages) _____ OTHER _____

Name: _____

Will your companion serve in a volunteer capacity? _____

If yes, your companion will be expected to complete a Volunteer Profile Form for Health Outreach.

Name of person to contact in case of emergency: _____

Address: _____ Phone: () _____

Project Information

FOREIGN LANGUAGE(S): _____

ARE YOU PROFICIENT ENOUGH TO SERVE AS AN INTERPRETER? _____

LIST OTHER SKILLS AND HOBBIES _____

HOW DID YOU LEARN ABOUT HEALTH OUTREACH? _____

A deposit of \$300 (CAD) MUST accompany each application form and is non-refundable. Please make all cheques payable to: **Health Outreach.**

Travel information will be sent to you upon acceptance.

****NOTE:** All first-time health professionals should send a copy of a diploma and current license with application. Physicians and Dentists must provide Curriculum Vitae.

Signature

Date