



VOLUNTEER APPLICATION

(Kindly Print or Type)

PERSONAL DATA

Please attach a passport size photo

Last Name: _____

First Name: _____

Address: _____

Phone: _____ Email: _____

Marital Status: _____ Name of Spouse: _____

Date of Birth _____ Sex: Male ___ Female ___

Country of Birth _____ Country of Citizenship _____

How did you hear about the OMAT? _____

Professional Specialty: _____

Availability: From _____ to _____

Languages: Primary _____ Other: _____

EDUCATION AND TRAINING (summary of CV)

Field of study and training	Institute, City	Dates	Degree/Certification
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL EXPERIENCE (summary of CV)

Employer	Field/Nature of work	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have experience in Developing Countries? _____
(State the nature of your experience)

Do you have experience organizing? Which Kind? When?

Have you taught or trained others? If yes, describe:

Have you ever supervised others? If yes, describe:

Travel Experience: Country Duration of Stay

MOTIVATION

Why do you want to volunteer with the OMAT?

What sorts of activities interest you?

In which countries would you prefer to volunteer? Why?

Are there any countries in which you do **not** want to volunteer?

What Kind of hobbies do you have?

PROFESSIONAL REFERENCES (minimum 2)

Name	Address	Telephone	Relationship
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ADDITIONAL INFORMATION

Passport # _____	Person to contact in case of emergency
Expiration Date: _____	Name: _____
Place of Issue: _____	Address: _____
Drivers License # _____	City/State/Zip _____
Valid until _____	Phone: Home _____ cell _____
Blood Type: _____	Relationship: _____

I hereby verify that the information provided is accurate and complete.

Signature: _____ Date: _____

Please send this application with copies of professional diploma and license to:



Overseas Medical Assistance Team (OMAT)
 P.O. Box 258
 East Norwich, NY 11732