

INTERNATIONAL MEDICAL GROUP

International Hospital Kampala
International Air Ambulance
International Medical Centre

VOLUNTEER APPLICATION FORM

Attach/ Insert Photo	APPLICATION INFORMATION	DATE OF APPLICATION
	<p>INSTRUCTIONS. Please answer each question clearly and completely. Type or print in ink. Read carefully and follow all directions. Return under sealed cover to the postal address Human Resources Office, International Hospital Kampala at P.O. Box 8177 KAMAPLA, or by email to hr@img.co.ug</p>	DEPARTMENT OF INTEREST
	<p>PREFERRED DURATION OF PLACEMENT ____ Months – From DD/MM/YY to DD/MM/YY</p>	TITLE e.g. Dr. Mrs. Etc

Family/Surname	First name	Middle name	Maiden name (if any)
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Date of Birth	Place of Birth Town County	Nationality	Address
P.O. Box	Telephone	Alternate Telephone	Email

If you not Ugandan, do you hold a Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please state type of Visa you hold</i>			
VISA	Date	Expiry	Comment

Have lived or worked in Uganda before? Please give details

EMERGENCY CONTACTS	Names	Relationship to you	Physical Address
Postal Address	Telephone	Alternate Telephone	Email

LANGUAGES SPOKEN	Comment on Fluency and ability to write language	
	FLUENCY	ABILITY TO WRITE

EDUCATION		
Dates (from... to...)	Institution/ College	Qualification

SPECIAL SKILLS/ TRAINING

PLEASE DESCRIBE ANY LIMITATIONS YOU WOULD LIKE US TO BE AWARE OF

VOLUNTEER INFORMATION

HOW DID YOU LEARN ABOUT VOLUNTEERING FOR THE INTERNATIONAL MEDICAL GROUP?

- | | | |
|--|--|---|
| <input type="checkbox"/> Web Site (which one?) | <input type="checkbox"/> Friend/ Family | <input type="checkbox"/> I am a Blood Donor |
| <input type="checkbox"/> Organization/ School | <input type="checkbox"/> IMG Brochure | <input type="checkbox"/> Media |
| <input type="checkbox"/> IMG Team | <input type="checkbox"/> Returning Volunteer | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> IMG Employee/ Volunteer | <input type="checkbox"/> Mandatory Service | |

HOW DO YOU THINK VOLUNTEERING AT IMG WILL Touch YOUR LIFE?

COMMUNITY INVOLVEMENT:

International Medical Group needs help on several special projects. Do you know of a club, group, church or school that would be interested in partnering with us to make a difference to health care?

Name of Organization

Contact Person

Phone Number

PAST AND CURRENT WORK OR VOLUNTEER EXPERIENCE

Name of Organization

Occupation

Name of Organization

Occupation

Name of Organization

Occupation

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENCE IN THE LAST 10 YEARS?

- Yes No

If yes, please explain. Please do not include information on convictions, which have been expunged. Answering "Yes" will not necessarily disqualify you from volunteer service.

YOUR VOLUNTEER PROMISE

I WOULD LIKE TO VOLUNTEER

- For School Credit For Career Experience
 To Meet People To Help Others. For Mandated Service:

Hours?..... Due Date?

