



# Application to Volunteer With Medical Teams International

Application Instructions  
**This application must be completed using  
Adobe Reader**

1. Save a blank application to your desktop
2. Download and install Adobe Reader: <http://get.adobe.com/reader>
3. Complete the application including the release & confidentiality agreement
4. Save a completed application for your records
5. Send completed application to: [volunteer@medicalteams.org](mailto:volunteer@medicalteams.org) or mail to the Portland address
6. We will be in contact with you upon receipt of your application

**Portland, Oregon**

PO Box 10  
Portland, OR 97207  
Phone 503.624.1000

**Redmond, Washington**

9680 153rd Ave NE  
Redmond, WA 98052  
Phone 425.454.8326

**PERSONAL INFORMATION:**

Primary MTI contact (if any): \_\_\_\_\_

First/Given name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last/Sur name: \_\_\_\_\_

Preferred name: \_\_\_\_\_  Male  Female Birth date: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Contact phone (primary): \_\_\_\_\_  Home  Mobile  Office

**Emergency contact name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency contact phone (primary):** \_\_\_\_\_  Home  Mobile  Office

Unisex T-Shirt Size:  Small  Medium  Large  X-Large  XXL

How did you hear about Medical Teams International? (Referred by family, friend, colleague, school, church or other; please describe.)

\_\_\_\_\_

Do you have any physical limitations or medical conditions that may affect your mobility, stamina, or range of motion that would prevent you from safely doing the tasks appointed? *(This information is used to match you to the appropriate assignment)*

No  Yes → Please describe the limitations:

\_\_\_\_\_

Have you ever been charged with or convicted of any crime including either a felony or a misdemeanor?

No  Yes → Please describe when, where, and the nature of the charge:

\_\_\_\_\_

**EDUCATION:**

Highest attained:  Some High School  High School Graduate  Some College  
 Associate's Degree  Bachelor's Degree  Master's Degree  Doctorate

List any other post high school degree(s): \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Retired?  No  Yes

Current or most recent employer: \_\_\_\_\_ Position: \_\_\_\_\_

**WHERE WOULD YOU LIKE TO VOLUNTEER:**

\*MTI'S POLICY STATES THAT VOLUNTEERS WHO SERVE DIRECTLY WITH MINORS MUST COMPLETE A BACKGROUND CHECK

**US Based**

- Tigard, OR                       Redmond, WA
- Distribution Center    REAL. LIFE. Exhibit    Office    Events

I would like to volunteer \_\_\_\_\_ times per  Week  Month  Quarter  Year

Days of availability (check all that apply):

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Humanitarian (Disaster) Response**

- I would like to be considered for the Roster
  - Additional documents and screening process required
  - Must be available to deploy in 24-48 hours

**International and Team Applicants**

To complete your application in preparation for team placement, you will be asked to submit the documents below for review. Please email the following documents to [volunteer@medicalteams.org](mailto:volunteer@medicalteams.org).

- Resume or Curriculum Vitae
- Copy of your medical license(s) or certifications (where applicable)
- A black and white photocopy of your passport photo and signature page

**Skills and Specialties Checklist**

(Please select all that apply below)

**ADMINISTRATION**

- Accounting
- Bookkeeping
- Event Coordination
- Facilities Management
- Finance
- Front Desk Reception
- Healthcare Administration
- Human Resources
- Inventory Control
- Logistics
- Microfinance
- Microsoft Office
- Volunteer Coordination

**COMMUNICATIONS**

- Fundraising
- Grant Writing
- Graphic Design
- Journalism
- Photography
- Public Speaking
- Translation
- Video Production
- Videography

**WAREHOUSE**

- Delivery/Pickup
- Forklift Operation
- Shipping & Receiving
- Sorting/Packing

**TECHNICAL/ENGINEERING**

- Computer Programming
- Data Clean-up
- Data Entry
- Information Technology
- Helpdesk Support
- Medical Equipment Repair
- Networking

**MINISTRY**

- Chaplain
- Pastoral Care

**Faith Affiliation (optional):**

*MTI welcomes volunteers of all faiths and backgrounds. This information is used to help match volunteers based on preferences or restrictions expressed by our international partners.*

**MEDICAL SKILLS CHECKLIST:**

(Check areas where you have certification or licensure)

**ALLIED HEALTH**

- Lab Technician
- Dietician/Nutritionist
- Occupational Therapy
- Physical Therapy
- Respiratory Therapy
- Speech/Language Pathology
- Surgical Technician/Asst
- Optometry
- Other: \_\_\_\_\_

**MENTAL HEALTH**

- Psychiatrist
- Psychologist
- PhD  PsyD  MA
- Specialty: \_\_\_\_\_

**MEDICAL**

- Physician
  - MD  DO
- Nurse Practitioner
- Physician Assistant
- Nurse Anesthetist
- Nurse
- Certified Nurse Midwife

*\*Area of Specialty*

- Anesthesiology
- Emergency Medicine
- Family Practice
- General Surgery
- Infectious Diseases
- Internal Medicine
- Labor & Delivery
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedics
- Pediatrics
- Urology
- Other: \_\_\_\_\_

**PUBLIC HEALTH/ TEACHING & TRAINING**

- Community Health
- Epidemiology
- Health Education
- HIV & AIDS
- Maternal Health
- Newborn & Child Health
- Training of Trainers (ToT)
- Water, Sanitation, Hygiene

Are you a current student in any of these fields? No Yes

Which field: \_\_\_\_\_ Expected graduation date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Year you began practicing: \_\_\_\_\_

What is your typical patient profile: Women Men Children Special needs (specify): \_\_\_\_\_

I have malpractice insurance coverage? No Yes → My next renewal date is: \_\_\_\_\_

Certification / License #: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Issuing country, State or Province: \_\_\_\_\_

**RELEVANT EXPERIENCE:**

List relevant experiences you have in medical/dental services, teaching or training, as well as mission, cross-cultural experiences, church, group, club, or associations.

Country	Organization	Activity/Role	Date

**LANGUAGES:**

Foreign Language: \_\_\_\_\_ Degree of fluency:  Novice  Intermediate  Fluent

Foreign Language: \_\_\_\_\_ Degree of fluency:  Novice  Intermediate  Fluent



# **RELEASE & CONFIDENTIALITY AGREEMENT**

## **GENERAL RELEASE**

In consideration of Medical Teams International arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly release and forever discharge Medical Teams International, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, Medical Teams International. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss or cost.

This document shall be construed according to the laws of the state of Oregon. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document.

This General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations or promises. All of the terms hereof are contractual and not mere recitals.

I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release.

## **CONFIDENTIALITY POLICY**

In the course of your volunteer work for Medical Teams International, you may have access to or hear about confidential or sensitive information. It is your responsibility not to reveal this information. Information may be used only as it pertains to your work as a volunteer, and it should not be shared with others outside Medical Teams International. Examples of confidential information include but are not limited to donor or volunteer names, telephone numbers, places of employment, financial information, or other information. Breach of this confidentiality policy may require us to terminate your volunteer status.

I agree that Medical Teams International may use my name and any photographs and video of me for publicity or promotional purposes without liability or obligation to me.

I have read and understand the Medical Teams International volunteer confidentiality policy as written above and agree to adhere to it.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**(Required for volunteers under age 18)**

***Thank you for completing our application. We will make every effort to match your skills to our available opportunities.***