Interest Survey form for Medical/Dental/etc.

Compassion Evangelical Hospital of Guinea

First Name: _____

Last Name: _____

Email: _____

Phone: _____

Service and/or Volunteer Interests

Area of Medical Interest/Training:

- ☐ General Medicine
- ☐ Surgery
- ☐ Pediatrics
- ☐ Emergency Medicine
- ☐ Nursing
- ☐ Mental Health
- ☐ Public Health
- ☐ Other: _____

Availability: Please indicate the time frame you are interesting/available.

Preferred Volunteer Role:

- ☐ Direct Patient Care
- ☐ Administrative Support
- ☐ Health Education
- ☐ Community Outreach
- ☐ Research Assistant
- ☐ Other: _____

Relevant Experience:

(Please briefly describe any relevant medical or volunteer experience)

Languages Spoken:

Are you a licensed healthcare professional?

☐ Yes

☐ No

If yes, please specify your credentials:

Additional Skills:

(Please list any additional skills that may be relevant)

Thank you for your interest in Serving and/or volunteering! We will contact you shortly to discuss potential opportunities.