

# 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 interested/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.