

Mission Smile

Volunteer Application Form

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|--------------------------------------------|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Anaesthesiologist | <input type="checkbox"/> Biomedical Engineer | <input type="checkbox"/> Child Life |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Nurse | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Speech Therapist | <input type="checkbox"/> Surgeon | |

Name
(Photo ID Proof)

Date of birth
(Photo ID Proof)

Contact Address
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.....
.....

Phone/E-mail
.....

Qualification(s)
(Copy of Diploma or Degree Certificate)
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Proof of Registration with Professional Council
(Proof to be attached)

Professional Experience
(Please mention period)
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Certification in Life Support

BLS mandatory for Anaesthesiologist/Nurse/Surgeon

BLS Yes No

ACLS mandatory for Anaesthesiologist

ACLS Yes No

PALS mandatory for Paediatrician

PALS Yes No

Reasons for Volunteering

(State in less than 250 words the reason why volunteering for Mission Smile is important for you. As you will be primarily working with children with cleft lip and/or palate, please highlight your work experience in this area that will help us understand where you stand with regard to the work we do on missions. We are interested in knowing your general experience in your field as also your paediatric experience specific to the age group of under 6 months, 6 months to 2 years, 2 to 5 years and older children)

Name and Contact Information (Phone and e-mail ID) of 2 References
(Professional Colleagues who need not necessarily be in Academic Positions)

Reference 1

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Reference 2

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Details of Passport

Passport Number

Place of Issue

Date of Issue

Validity

Checklist of Essential Documents (Self attested photocopies to be attached)

1. Photo ID (Name, Date of Birth, Photograph)
2. Diploma/Degree Certificates
3. Registration with Professional Council (Dental/Medical/Nursing/Rehabilitation/Others)
4. Life Support Certification (BLS/ACLS/PALS as appropriate)
5. Recent passport photograph (1 copy)
6. Brief Curriculum Vitae (*Optional, to be submitted if it provides more insight about you that has not been possible to highlight in the structured application form*)

Please note that documents 1 through 5 are *mandatory* (while document 6 is *optional*).

Please send completed application form with necessary documents as listed above to:

Mission Smile
DPSC Plot No X – 1, 2 & 3
Block EP, Sector 5
Salt Lake
KOLKATA 700 091