



## Volunteer Application

Please submit by email to [programoffice@signfracturecare.org](mailto:programoffice@signfracturecare.org)

### Applicant Information

First Name: Last Name: Date of birth:

Address:

Phone number: Email address:

Specialty: Subspecialty:

Medical School Attended:

Degree: Location of Internship/Residency:

if you are a resident, which year are you in?

1st  2nd  3rd  4th  5th

Current Professional Status:

Professional Affiliations:

Are you board certified? Yes  No

What year were you certified? State(s) of Valid License(s):

Have you ever had a license revoked or suspended? Yes  No

If yes, please explain:

### Experience

Have you previously traveled abroad? Yes  No

Country: Date:

Sponsor/NGO:

Country: Date:

Sponsor/NGO:

Country: Date:

Sponsor/NGO:

Trauma Experience:

### Volunteering Interests

How did you hear about SIGN?

Please tell us what sparked your interest in volunteering with SIGN?

Dates available and the amount of time:

Please indicate your physical areas of interest (*list below is only countries SIGN is currently in*):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Afghanistan                      | <input type="checkbox"/> Honduras                         | <input type="checkbox"/> Niger                   |
| <input type="checkbox"/> Angola                           | <input type="checkbox"/> India                            | <input type="checkbox"/> Nigeria                 |
| <input type="checkbox"/> Bangladesh                       | <input type="checkbox"/> Indonesia                        | <input type="checkbox"/> Pakistan                |
| <input type="checkbox"/> Bhutan                           | <input type="checkbox"/> Iraq                             | <input type="checkbox"/> Palestinian Territories |
| <input type="checkbox"/> Burundi                          | <input type="checkbox"/> Kenya                            | <input type="checkbox"/> Papua New Guinea        |
| <input type="checkbox"/> Cambodia                         | <input type="checkbox"/> Lao People's Democratic Republic | <input type="checkbox"/> Philippines             |
| <input type="checkbox"/> Cameroon                         | <input type="checkbox"/> Liberia                          | <input type="checkbox"/> Rwanda                  |
| <input type="checkbox"/> Chad                             | <input type="checkbox"/> Madagascar                       | <input type="checkbox"/> Saint Lucia             |
| <input type="checkbox"/> Democratic Republic of the Congo | <input type="checkbox"/> Malawi                           | <input type="checkbox"/> Solomon Islands         |
| <input type="checkbox"/> Dominican Republic               | <input type="checkbox"/> Mali                             | <input type="checkbox"/> Tanzania                |
| <input type="checkbox"/> Ethiopia                         | <input type="checkbox"/> Mongolia                         | <input type="checkbox"/> The Gambia              |
| <input type="checkbox"/> Gabonese Republic                | <input type="checkbox"/> Myanmar                          | <input type="checkbox"/> Togo                    |
| <input type="checkbox"/> Ghana                            | <input type="checkbox"/> Nepal                            | <input type="checkbox"/> Uganda                  |
| <input type="checkbox"/> Haiti                            | <input type="checkbox"/> Nicaragua                        | <input type="checkbox"/> Zambia                  |
|   |   | <input type="checkbox"/> Zimbabwe                |

What is your teaching preference?

Operating Room  Lecture  Ward Rounds

Will you be traveling with a companion? Yes  No

If yes, will your companion be volunteering as well? Yes  No

What are your companion's relative skills?

## Additional Information

List any language you speak other than English:

Can SIGN contact you to carry supplies? Yes  No

Would you be willing to provide a one page summary of your trip upon your return? Yes  No

If you plan on taking photos, do we have your permission to use any that are sent to us with your report? Yes  No

**Signature:** *by typing my signature below I certify that my answers are true and complete to the best of my knowledge. If this application leads to a volunteer position, I understand that false or misleading information may result in my release.*

Signature:

Date:



## Liability Waiver

SIGN Fracture Care International (SIGN) is a small non-profit organization whose vision is to create equality of fracture care. We implement our vision by providing orthopaedic training and surgical implants to hospitals throughout the developing world. Volunteers, like you, help us to carry out our vision.

We must warn you however, that SIGN Volunteers may be subjected to risks when traveling overseas and as our resources are limited, we do not carry liability insurance for volunteers. Each program has a varying degree of risk. You are expected to assume any and all risks that may result from your activities. We must receive a signed copy of this form before we can continue to process your assignment.

By executing this document, the undersigned acknowledges that they have been made aware through SIGN and/or as a result of their own inquiry and investigation, and understand that as a volunteer for SIGN, they will be exposed to serious risks and dangers which may be life threatening. They further represent that they are physically fit to be a volunteer and make their representation solely upon their own knowledge of their medical and emotional well-being.

The undersigned hereby acknowledges receiving this form, and in consideration for being allowed to volunteer, personally assumes all risks associated with their volunteer work. On behalf of himself/herself and his/her family and personal representatives, the undersigned hereby agrees to indemnify, release and forever discharge SIGN Fracture Care International its directors, officers, employees, agents, successors, and assigns, from any and all loss, liability, actions, claims, and demands of any nature, past, present, or future, that may result from or be in any way related to the undersigned's activities conducted under the auspices of SIGN.

This waiver is effective for any and all SIGN activities I engage and/or initiate in.

I have read the above, understand its contents, and voluntarily agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date