



DARE DISASTER MANAGEMENT WING



Field Volunteering Application form doc

1. Personal Information				
Last Name (as shown on passport)		First Name(s) (as shown on passport)		
Gender		Date of Birth (mm-dd-yy)	Place (city, country) of Birth	
<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Telephone Number (home)	Telephone Number (Mobile)	Fax Number	E-mail Address	
Permanent Address				
Current/ Mailing Address (if different from above)				
Citizenship	Passport		Date of expiry (mm-dd-yy)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Passport No.		
Aadhar/ Voter ID Number				
Qualification				
Profession		Applying Position (please select from the list given below)		
		<input type="checkbox"/> Medical	<input type="checkbox"/> Paramedical	<input type="checkbox"/> Non-medical
Medical	<input type="checkbox"/> anesthesiologist <input type="checkbox"/> pediatrician <input type="checkbox"/> / physician <input type="checkbox"/> surgeon obstretician / gynaecologist, <input type="checkbox"/> community health specialist <input type="checkbox"/> other (pls. specify: _____)			
Paramedical	<input type="checkbox"/> epidemiologist <input type="checkbox"/> mental health officer <input type="checkbox"/> midwife <input type="checkbox"/> nurse laboratory scientist <input type="checkbox"/> other (pls. specify: _____)			
Non-medical	<input type="checkbox"/> financial co-ordinator <input type="checkbox"/> logistician <input type="checkbox"/> water/ sanitation specialist <input type="checkbox"/> other (pls. specify: _____)			
Presently employed with				
Position/ Nature of work				

■ 2. Availability to go to the field			
Any time in a year <input type="checkbox"/>	Specified Months	Are You Prepared to attend for Emergency Call	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Don't know
Are there any conditions you do NOT wish to work in? If yes, explain your reason(s) briefly; if no, type none.			
How much notice do you need for a non-emergency departure?		Day (s) / week (s)	
In case of an emergency mission, how much notice do you need?		Day (s) /Hours	
Do you suffer any medical illness? If Yes, Please specify			

■ 3. Additional Information			
Have you undergone any first aid/ emergency management training? If yes, specify			
Have you worked anywhere for Disaster management		<input type="checkbox"/> No <input type="checkbox"/> Yes (when and where: _____)	
How did you hear about DARE DMW		<input type="checkbox"/> Radio	<input type="checkbox"/> Journal <input type="checkbox"/> Friend/Co-worker
		<input type="checkbox"/> TV	<input type="checkbox"/> Internet <input type="checkbox"/> Other (pls. specify:____)
Did you attend any of our info or sharing sessions? If so, when and where? (month/year)			
Are you associated with any Political/ social/ religious organization? If Yes, Specify			
Languages known		Speaking	Reading Writing

■ 4. Motivation	If insufficient space, attach a separate sheet
Why do you want to work for DARE DISASTER MANAGEMENT WING	

Signature (required only if printed)	Date	Place (city, country)

DARE - DISASTER MANAGEMENT WING
 India
 10-3-14/B/7 ,2nd Floor,
 Opp. Okaz Complex, Humayun Nagar,
 MehdiPatnam, Hyderabad - 500028-TS
 Land Mark -Near Masjid-e-Azizia
 Email: daredoctors.hyd@gmail.com
 www.daredoctors.com

<p>△ Checklist</p> <p>Make sure you have all the necessary documents when submitting your application:</p> <p><input type="checkbox"/> Completed application form</p> <p><input type="checkbox"/> ID Proof (Aadhar/ Voter ID/ Driving licence)</p> <p><input type="checkbox"/> Photograph</p>
