



international surgical charity for underprivileged children

VOLUNTEER APPLICATION

Thank you for your interest in ORH! We are delighted that you have decided to apply as a volunteer.

Position Applying For:

(Please tick all that applies)

| | |
|-------------------|--------------------------|
| Surgeon | <input type="checkbox"/> |
| Anaesthetist | <input type="checkbox"/> |
| Scrub Nurse | <input type="checkbox"/> |
| Scout Nurse | <input type="checkbox"/> |
| Anaesthetic Nurse | <input type="checkbox"/> |
| Recovery Nurse | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

Please specify _____

PERSONAL INFORMATION

Full Name

Home Address (Street, City/State, Post Code, Country)

Home/Mobile Phone

Email

Date of Birth

Passport Number & Expiry Date

Nationality

EMERGENCY CONTACT DETAILS

Full Name

Relationship

Address (Street, City/State, Post Code, Country)

Home/Mobile Phone

Email

HEALTH INFORMATION

1. Do you have any physical or mental disabilities that could impair you to carry out your professional obligations?
YES NO

If YES specify, _____

2. Do you suffer from any communicable health condition that could pose any significant health and safety risk to patients?
YES NO

If YES specify, _____

3. Do you have a history of chemical dependency or substance abuse that might adversely affect your ability to competently and safely perform your duties?
YES NO

If YES specify, _____

4. Do you have any medical conditions, allergies or medications that we need to be aware of?
YES NO

If YES specify, _____

5. Do you have any special diets?
E.g. Gluten Free / Vegetarian / Halal / Others
YES NO

If YES specify, _____

OTHER INFORMATION

ORH will provide you with an official Shirt to wear during the Mission week. Please select your size.

Shirt Size (western/unisex sizes):

Small Medium Large
 XL XXL Other __

Languages Spoken

What else should we know about you?

How did you hear about ORH?

Were you referred by anyone? Please provide name of person.

Would you like to receive email updates?
YES NO

I certify that the above information is accurate, true and complete to the best of my knowledge, and that this information may be used to determine my eligibility to volunteer for ORH.

Signature / Date

| | | |
|----------------------------|------------------------|-------------------------|
| OFFICE USE ONLY: | Received by: | Date: |
| Approved: Yes / No | Notification: Yes / No | Team Coordinator: _____ |
| Mission Date: ___/___/20__ | | |



STATEMENT OF PROFESSIONAL CONDUCT

Operation Restore Hope (ORH) is a not for profit charity organisation where medical and non-medical volunteers work side by side. As in any hospital or business place, standards of professional conduct expected in your home country apply during the Mission in the Philippines regardless of the team position.

Missions are not for casual travellers. If your plan is to sightsee, party, vacation and relax; a Mission experience is not for you.

ORH is built on the professional conduct and safety of our teams. While we try to make you as comfortable as possible, you can expect to work long hours; physical exhaustion, basic lodging; a wide variety of local customs and food and few amenities.

As an ORH volunteer you commit to: work hard, behave professionally and to act as a diplomat during the entire Mission.

Each year we have a finite supply of volunteer spaces and we place a high value on our volunteer positions.

As a mission volunteer, we ask you to support our work through fundraising events, marketing, sponsorship deals, and other means of raising funds, donations and any kind of other support to ORH throughout the year inclusive of the Mission week.

Once you have been assigned, you become a representative of ORH, your country and your profession.

We ask you to approach volunteering with us as seriously as we take our Mission to provide the highest quality medical/surgical services to the children in the Philippines.

I agree to conduct myself accordingly

_____ Initial

Address all correspondence to:

ORH Selection Committee
Email: orha@operationrestorehope.org
Post: PO Box 1185, Double Bay NSW 1360

Please complete and/or submit the following items along with the Application Form:

1. Read the Statement of Professional Conduct and initial.
2. Complete the Volunteer Application Form legibly.
3. Submit a letter explaining why you are interested in volunteering with ORH, describing any prior experiences with Medical Missions, working or travelling in developing countries and experience in caring for cleft lip/palate patients.
4. A copy of your CV or Resume including 3 professional referees with contact details (email, telephone or mobile)
5. A copy of your current registration/license if applicable.
6. A copy of your Board Certification/Diploma, etc. if applicable.
7. A letter of reference from your current immediate supervisor/manager outlining your current position, skills and personal characteristics.
8. For nursing positions please see below for further requirements and address in letter.

Nursing Minimum Requirements:

1. A minimum of at least two (2) years hospital nursing experience.
2. Current RN license and CPR certification
3. Two (2) years Scrub/Scout/Anaesthetic/Recovery nursing experience in paediatric and adult patients.
4. Able to perform multi system assessment and intervene appropriately.
5. Ability and willingness to teach staff and families in the pre-operative and post-operative settings.
6. Personal characteristics include comfort with paediatric patients, flexibility, cooperativeness, inventiveness, a positive attitude and demonstrated tolerance of stress under conditions of hard work and long hours.
7. Sensitivity to cultural differences and appropriate public relations skills.

ORH will make every effort to ensure that information you have provided will be maintained in a secure environment and is strictly confidential.