

Subscription form medical volunteers Humedica Belgium vzw

Name					
Surname					
Name of father (for Islamic countries)					
Address					
Postcode					
City					
Country					
Telephone	Private		Work		
	Mobile				
E-mail address (please create one if you have none)					
Profession	Emergency medical technician		Paramedic		Nurse
	Doctor		Other		
Specialist	General medicines		Surgery		Internal diseases
	Pediatrics		Gynecology		Other (describe)
Other qualifications	1.		2.		
Civil state			Number of Children		
Date of birth					
Clothing size	S	M	L	XL	
Nationality					
Passport	Number				
	Expiry date				

Name and address of contact person in case of emergency				
Language skills		Basic	Good	Fluent
	English			
	French			
	Spanish			
	Other:			
International experience	Country	Period	Activities	
Availability	Minimum number of weeks:			
	Maximum number of weeks:			
	Preferences of period:			
Why would you like to become a volunteer for Humedica?				
I would like to participate in the training course from September 30th until October 4th 2009¹				
Yes		No		
Date & Signature				

Humedica Belgium vzw respects your privacy and will not sell, distribute or make available your personal data to third parties outside of its own organization without your prior consent.

¹ Costs: € 325,-