



**MAASAI**  
**MEDICAL SOCIETY**

# **VOLUNTEER PROGRAM APPLICATION**

## **Application Instructions**

Please type your application. Complete the application in full and ensure that all of your information is correct and accurate.

Applications must be submitted, by email, to [volunteer@maasaimedical.org](mailto:volunteer@maasaimedical.org). You may also include a short CV or résumé to support your application.

## Part I – Personal Information

All volunteers must be 19 years of age or older at the start of the Volunteer Program.

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Last Name	First Name	Sex
Date of Birth (DD/MM/YY)		Nationality
Street Address		City/Town
Province/State	Country	Postal/Zip Code
Email Address		Telephone Number

## Part II – Health & Safety

Proof of yellow fever vaccination is required for entry into Kenya, and may need to be presented upon departure from home country. Polio vaccination may be required for exit from Kenya. All travelers should also consult a travel/tropical health service 4 to 6 weeks prior to departure to gain a thorough understanding of the health requirements associated with traveling to Kenya.

Relevant Medical Information (Include Allergies)	
Name of Emergency Contact	Relationship
Email	Telephone

**Disclaimer:** Maasai Medical Society, Inc. is not liable for the health and safety of its volunteers. This document does not provide professional advice, and is intended as a guideline or recommendation only.

### Part III – Skills & Qualifications

To provide a balanced team with a variety of skills and attributes, we are only able to accommodate 6 volunteers per placement period. Spots are filled on a rolling basis and only volunteers that qualify are accepted. No previous medical volunteer experience is necessary, but applicants should be:

- A medical professional or training/studying to become a medical professional;
- Able to attend a volunteer training session and commit to a one-month placement period;
- 19 years of age or older at the start of the placement period; and
- English-speaking at a professional working proficiency level.

Occupation and Specialty	Employer
Degrees/Certifications	
Language(s) Spoken and Fluency Level	

### Part IV – Other

- I understand that providing false or misleading information in this form or in any other documents will result in disqualification of my application.
- I understand that if I chose to accept placement in the Volunteer Program, I will be required to pay a non-refundable program fee of \$2500 (CAD) and attend a pre-departure training session.
- I understand that participation in the Volunteer Program is also subject to observance of the organization’s **Terms & Conditions**.

Thank you for your application! Successful applicants will be contacted via email with further instructions.