



Society For Orphaned Armenian Relief (SOAR)

**Application to Volunteer
with the
Disaster Assistance
and Response Team (DART)**

George S. Yacoubian, Jr.
150 N. Radnor Chester Rd. Suite F200
Radnor, PA 19087
610.213.3452 - Office
610.229.5168 - Fax

Section 1: PERSONAL INFORMATION

First Name: _____ Middle: _____ Last Name: _____

Name you prefer: _____ (Optional) Male Female Birth date: __/__/__

Home Address: _____ City: _____

State/Province: _____ Postal Code: _____ Country: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email: _____

Emergency contact: _____ Relationship: _____

Emergency contact home phone: _____ Emergency contact mobile phone: _____

Do you have any physical limitations or medical conditions that may affect your mobility, stamina, or range of motion that would prevent you from safely doing the tasks appointed?

(This information is used to match you to the appropriate areas)

No Yes -> Please describe the limitations:

Have you ever been charged with or convicted of any crime including either a felony , misdemeanor, or a summary/citation offense?

No Yes -> Please describe when, where, and the nature of the charge:

Section 2: EDUCATION

Highest Attained: Some High School High School Graduate Some College

Associate's Degree Bachelor's Degree Master's Degree Doctorate

List any post high school degree(s): _____

University/Schools attended: _____ City _____

State/Province _____ Country _____

University/Schools attended: _____ City _____

State/Province _____ Country _____

University/Schools attended: _____ City _____

State/Province _____ Country _____

SECTION 3: EMPLOYMENT & EXPERIENCE INFORMATION Retired? No Yes

Current or Most Recent Employer: _____

Position: _____

Address: _____

Country: _____

List relevant experiences you have in medical/dental services, teaching or training, as well as mission, cross-cultural experiences, church, group, club, or associations.

Country	Organization	Activity/Role	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4: CERTIFICATION & LICENSURE CHECKLIST FOR MEDICAL AND DENTAL PROFESSIONALS
(Check areas where you have certification or licensure; please provide more details on CV/Resume)

MEDICAL

- Physician
 - MD DO
- Physician Assistant
- Nurse Practitioner
- Nurse
 - RN CRNA LPN
- Certified Nurse Midwife

DENTAL

- Dentist
 - DMD DDS
- RDH
- Dental Assistant

ALLIED HEALTH

- EMT/Paramedic
 - Level: _____
- Lab Technician
- Surgical Technician
- Physical Therapist
- Dietician/Nutritionist
- Other: _____

MENTAL HEALTH

- Psychiatrist
 - MD
- Psychologist
 - PHD PsyD MA
- Type: _____

Are you a current student in any of these fields? Which field: _____

Expected Graduation Date ____/____/____

Year you began practicing: _____

Where did you go to school for your credentials: _____

What is your typical patient profile: Women Men Children Special needs (specify _____)

I have malpractice insurance coverage? No Yes next renewal date is: _____

Certification / License #: _____

Expires: _____

Issuing Country, State/Province: _____

Certification / License #: _____

Expires: _____

Issuing Country, State/Province: _____

For Dental Professionals please indicate preferred procedures: _____

SECTION 5: SKILLS & SPECIALTIES (Please check all that apply)

MEDICAL

- Anesthesiology
- Cardiology
- Clinical Instructor
- Critical Care
- Dermatology
- Emergency Medicine
- Endoscopy
- Epidemiology
- Family Nurse Practitioner
- Family Planning
- Family Practice
- Gastroenterology
- General Surgery
- Geriatrics
- Gynecological Surgery
- Hematology/Oncology
- Hospital Administration
- Infectious Diseases
- Internal Medicine
- Labor and Delivery
- Maternal / Fetal Medicine
- Neonatal
- Neurology
- Nurse Midwife

MEDICAL, CONT.

- Obstetrics/Gynecology
- Operating Room Nursing
- Ophthalmology
- Optometry
- Orthopedics
- Otolaryngology
- Pathology
- Pediatrics
- Pharmacology
- Physician
- Plastic/Reconstructive
- Surgery
- Pulmonology
- Radiology
- Recovery Nursing
- Registered Dietician
- Registered Nurse
- Surgery
- Thoracic Surgery
- Tropical Medicine
- Urology
- Vascular Surgery
- Women's Health

DENTAL

- Dental Assistant
- Dental Assistant Student
- Dental Hygienist
- Dental Hygiene Student
- Dental Student
- Dentist
- Endodontics
- Maxillofacial Surgery
- Oral Surgery
- Orthodontics
- Periodontics
- Pediatrics

ALLIED HEALTH

- ACLS Certified
- ATLS Certified
- CPR Certified
- EMS
- EMT
- Massage Therapy
- Medical Assistant
- Medical Laboratory Tech
- Medical Technician
- Occupational Therapy
- Orthotist / Prosthetist
- PALS Certified
- Paramedic
- Physical Therapy
- Respiratory Therapy
- Scrub Technician
- Speech/Language
- Pathology
- Surgical Assistant
- Surgical Technician
- Veterinary Medicine

MENTAL HEALTH

- Alcohol & Drug Addiction
- Pediatric Counseling
- Psychiatrist
- Psychologist
- Psychosocial Counseling
- Trauma Counseling

PUBLIC HEALTH/ TEACHING & TRAINING

- Adolescent Health
- Adult Educator
- Community Health
- Epidemiology
- Health Education
- HIV & AIDS
- Maternal Health
- Monitoring & Evaluation
- Newborn & Child Health
- Reproductive Health
- Social & Behavioral
- Change
- Training of Trainers (ToT)
- Water, Sanitation, Hygiene

ADMINISTRATION

- Accounting
- Bookkeeping
- Event Coordination
- Facilities Management
- Finance
- Front Desk Reception
- Healthcare Administration
- Human Resources
- Inventory Control
- Logistics
- Microfinance
- Microsoft Office
- Volunteer Coordination

COMMUNICATIONS

- Fundraising
- Grant Writing
- Graphic Design
- Journalism
- Photography
- Public Speaking
- Translation
- Video Production
- Videography

**CONSTRUCTION/
AGRICULTURAL**

- Agronomy
- Carpentry
- Farming
- General Construction
- Livestock
- Mechanic
- Plumber
- Waste Water Management
- Welding
- Well Drilling

**TECHNICAL/
ENGINEERING**

- Computer Programming
- Data Clean-up
- Data Entry
- Information Technology
- Helpdesk Support
- Medical Equipment Repair
- Networking

WAREHOUSE

- Delivery/Pickup
- Forklift Operation
- Shipping & Receiving
- Sorting/Packing

MINISTRY

- Chaplain
- Pastoral Care

Foreign Languages: _____	Degree of fluency:
<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Fluent	
Foreign Languages: _____	Degree of fluency:
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SECTION 6: RELEASE & CONFIDENTIALITY AGREEMENT

GENERAL RELEASE

In consideration of the Society For Orphaned Armenian Relief (SOAR) arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE SOAR, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, SOAR whether or not due to SOAR's negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss or cost.

This document shall be construed according to the laws of the state of Pennsylvania. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document.

This General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations or promises. All of the terms hereof are contractual and not mere recitals.

I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release.

Volunteer: _____ Date: _____

CONFIDENTIALITY POLICY

In the course of your volunteer work for the Society For Orphaned Armenian Relief (SOAR), you may have access to or hear about confidential or sensitive information. It is your responsibility not to reveal this information. Information may be used only as it pertains to your work as a volunteer, and it should not be shared with others outside SOAR. Examples of confidential information include but are not limited to donor or volunteer names, telephone numbers, places of employment, financial information, or other information. Breach of this confidentiality policy may require us to terminate your volunteer status.

I agree that SOAR may use my name and any photographs and video of me for publicity or promotional purposes without liability or obligation to me.

I have read and understand the SOAR volunteer confidentiality policy as written above and agree to adhere to it.

Volunteer: _____ Date: _____

After you fill out the application, scan and email to:

gyacoubian@soar-us.org

or fax to:

610.229.5168