

APPLICATION FORM
for Volunteer Medical Personnel
and Senior Medical Students

Cameroon Baptist Convention
Director of Health Services
P.O. Box 1, Bamenda
North West Province
Republic of Cameroon, West Africa

Introductory

Name (Rev./Dr./Mr./Mrs./Ms.) _____
(First) (Middle) (Last)

Current Address _____

Permanent Address (if different) _____

E-mail address _____ Male Female

Telephone Number _____ S.S. # (US) or S.I.N (CDN) _____

Date of birth _____ Place of birth _____ Present citizenship _____

Passport No. _____ Place of issue _____ Date of issue _____

Present occupation _____

What main skills do you have to offer in volunteer missionary service? _____

When will you be available for service? _____ How long? _____

Health Insurance Company _____ Insurance number _____

Emergency contact name and address, including phone number(s) _____

Family Relationships

Are you: Single _____ Engaged _____ Married _____ Widow _____ Widower _____ Divorced? _____

If married, would your spouse and/or children accompany you? _____

If you married or engaged, please give the following information about your spouse or fiancé(e).

Name _____ Nationality _____

Address _____

Date of birth _____ Date of marriage (if engaged, give probable date) _____

Occupation _____

Education _____

If you have children and they will/may accompany you to Cameroon, please give their name(s), sex, date(s) of birth, and general condition of health.

Education (Give the following information)

Name and location of college and special schools attended	Dates Attended	Date of Graduation	Degree, Certificates received or Semester hrs. completed	Course	
				Major	Minor

Work Experience (List below the last positions in which you have received remuneration, including your present position)

Dates	Employed by	Your Position	Major Job Functions

Religious and Lifework Interests

What influence led you to consider service with the Cameroon Baptist Convention? _____

Are you a Christian? _____ If yes, go to section A, if no, go to section B.

A. When did you become a Christian? _____ Where and when were you baptized?

What part have you taken in the work of the church? _____

You are a member of what church? _____

B. Describe any other religious interests or affiliations. _____

Health

How is your present health? Excellent _____ Good _____ Fairly good _____ Below par _____

Explain: _____

Do you have any chronic ailments or physical disabilities? _____ Do you have any allergies? _____ If so, explain _____

List any serious illness you have had, giving dates. _____

Are you easily depressed or discouraged under stress? Please explain. _____

Sketch of Your Life

Write simply and directly the story of your life in home, school, and community, including the development of your Christian experience (if any) and sense of mission. Include an answer to this question, "Who is Jesus to you?" (about ½ to 1 page)

Return these two pages by e-mail (Word attachment)**With Cover Letter to:**

Coordinator of Medical Volunteers

Cameroon Baptist Convention

ProfPiusTih@aol.com , cbcvisitors@gmail.com , & fdbamenda@gmail.com

Send by airmail or scan and send as email attachments:

- 1) Signed release statement (below)
- 2) If you are a health profession student: letter from your school stating that you are a student in good standing and are approved to do this rotation in Cameroon
- 3) If you are a medical professional: copy of license, medical credentials, CV
- 4) Photo (to help identify you at the airport)

To: Mr. George Ngwang, Administrative Assistant to Field Administrator
P.O. Box 1, Bamenda
North West Province
Republic of Cameroon
WEST AFRICA

Release of Liability and Agreement for Volunteer Service

I understand that if accepted as a volunteer with the Cameroon Baptist Convention Health Services that I will serve with no compensation.

I understand that travel to another country may include risks different from those incurred in my home country. These may include limited health care services, dangerous roads and travel conditions, unsanitary water, exposure to different diseases, crime, kidnapping, civil and military unrest. I understand that I am responsible to adopt reasonable precautions to minimize my risk including, but not limited to, maintaining a safe lifestyle, following the laws of the host country, and taking care what I eat and drink.

I have obtained or will obtain all recommended inoculations, and will take a recommended malaria prophylaxis. I will provide my own health insurance and travel insurance.

I understand that I will not knowingly be assigned to a location that is exceptionally dangerous. On the other hand, the Cameroon Baptist Convention and Health Services Department do not make any guarantees concerning my safety and security. I understand that if I am involved in any type of hostage or kidnapping situation, the Cameroon Baptist Convention will not provide any ransom money on my behalf.

I have read and am in sympathy with the Health Board's mission statement:

The Cameroon Baptist Convention Health Board seeks to assist in the provision of care to all who need it as an expression of Christian love and as a means of witness, in order that they might be brought to God through Christ. Thus, the Health Board shall provide exemplary health care with genuine compassion, with the overriding purpose of evangelical witness.

I further agree to conduct myself in a manner that will be consistent with a conservative evangelical Christian lifestyle. This includes dressing in modest clothing, using appropriate language, and abstaining from drinking alcoholic beverages and smoking on the hospital compound.

Signature

Date