

# VOLUNTEER BURNS CENTER APPLICATION

Burns Center, Jubilee Block, Civil Hospital, Karachi- Pakistan.  
Tel : (92-21) 9215740 - 28

## PERSONAL INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Referred By :  Newspaper  Flyer  Other \_\_\_\_\_  
 TV  Friend

## EDUCATIONAL BACKGROUND:

Masters/Bachelors \_\_\_\_\_ Grade \_\_\_\_\_

College/University \_\_\_\_\_ Major \_\_\_\_\_

## VOLUNTEER EXPERIENCE:

Agency \_\_\_\_\_ Position \_\_\_\_\_ Hrs/Week \_\_\_\_\_

## WORK EXPERIENCE:

Employer \_\_\_\_\_ Position \_\_\_\_\_ Hrs/Week \_\_\_\_\_

**INTERESTS:** In which of the following areas would you like to participate? (Check all that apply)

- Office Assistance  Health Care/Medical  Liaison/Advertising  
 Patient Care  Rehabilitation  Public Relations  Human Resources  
 Technical  Others \_\_\_\_\_

## AVAILABILITY:

Month	Days	Hours

Have you ever been convicted of a misdemeanor (excluding moving violations) or a felony or been on parole or probation? (A YES answer to this question is not an automatic bar to acceptance as a volunteer.)

YES If YES, please explain. \_\_\_\_\_

NO

I hereby certify that all the statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_