



Sathya Sai International Organization, USA

Saturday, March 9, 2019

Volunteer & Medical Professionals Sign Up Sheet

7 AM to 3 PM

Name	
Address	Young Adult (circle)? Yes No
City State & Zip	Age – 16 & over (circle)? Yes No
Email	Attend SSE program (circle)? Yes No
Sai Center	Gender (circle) Female Male
Primary Contact#	Alternate Contact#
Please note: Confirmation will be sent by email	
Is email the best way to contact you (circle)? Yes No	

- ___ I prefer to volunteer in the Medical Department.
- ___ I prefer to volunteer in Dental/Vision Departments
- ___ I have no preference as to which Department I am assigned

Do you have experience in the healthcare/medical field (circle)? Yes No

If yes, what is your professional medical designation?

Circle Specialization:

- Nurse Practitioner Physician Assistant Internal Medicine
- Lab Technician Nutritionist/Dietician Family Practice
- Registered Nurse Medical Assistant Other: _____
- Phlebotomist Dentist

Important Notice: Medical Professionals should have their Medical liability coverage to serve patients directly on the day of this Medical screening through their office Malpractice except for blood lab participants.

Other Skills

Have you participated in a medical camp before (circle)? Yes No

If yes, when and where? _____

Languages spoken other than English (circle)? Spanish Other _____

Do you have training in (circle): First Aid CPR

I consent to my photo being used for appropriate camp purposes/articles (circle). Yes No

Please mail to Volunteer Coordinator, Ram Chintamaneni at 229 Laurel Avenue, Arcadia, CA 91006 or scan and email to radharamji@gmail.com **by February 20, 2018**. Further Information, please call: Anuruddha Perera 562-221-9938 or Roopa Sharma 951-735-7284