

Dear Volunteer Applicant:

Thank you for your interest in becoming an Operation Smile Medical Missions Physical or Occupational Therapist Volunteer! As you know, Operation Smile relies on volunteers to give their time and expertise to help bring smiles to the faces of children at home and around the world.

In order to be eligible to volunteer as an OT or PT with Operation Smile, you must fulfill the following criteria:

- Actively working in a Medical/Surgical Unit, Burn Center, or outpatient therapy center during the past two years. *Note: Areas such as administration and schools do not meet this criterion.*
- Have current OT or PT license

In addition, we give preference to applicants with:

- Extensive Burn experience with splinting procedures
- Foreign language skills (one or more)
- Experience working internationally
- Qualities of cultural sensitivity and flexibility.

Enclosed you will find a volunteer application. To help expedite the application process, please submit the completed application along with:

- Current Curriculum Vitae/Resume
- Current licensure
- Copies of diplomas

Please do not send incomplete application packages. Upon receipt of your complete application packet, it will be forwarded to the Therapy Specialty Coordinator for review. The Therapy Specialty Coordinator may telephone you to clarify information and will determine the status of your application. This process may take up to 8 weeks.

Operation Smile will inform you of the results of your application. Upon approval by the Therapy Specialty Coordinator, an applicant will be entered into the Operation Smile Medical Volunteer database, indicating eligibility to participate in a medical mission. Mission selection guidelines limit the number of new volunteers per mission team.

We are all blessed with the ability, because of what we know and do, to give something to the world. At Operation Smile we admire your desire to help others and look forward to building a better world together.

We look forward to hearing from you soon. If you have any questions, please feel free to contact the Medical Volunteers Department at 1-888-OPSMILE (888-677-6453) or via e-mail at credentialing@operationsmile.org.

Best regards,

Medical Volunteers Department

MEDICAL MISSION PT OR OT VOLUNTEER APPLICATION MINIMUM REQUIREMENT: LICENSED PHYSICAL OR OCCUPATIONAL THERAPIST

Name: _____
(Last) (First) (Middle)
Home Phone: (_____) _____ Work Phone: (_____) _____
Cell Phone: (_____) _____ Email: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Place of Work: _____ Position: _____
Work Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Preferred Mailing Address (check one): _____ Home Address _____ Work Address

PLEASE COMPLETE BELOW INFORMATION

_____ **Physical Therapist** _____ **Occupational Therapist**

Certification _____

CURRENT EXPERIENCE: Please indicate which types of patients/programs you have had experience with in the last 3-5 years, and describe your current work.

_____ Pediatrics (0-6 years old)

_____ Burns

_____ Youth (7-14 years old)

_____ Orthopedics

_____ Adult (over 14 years old)

_____ General

Please complete the following information:

Have your medical privileges ever been suspended? YES NO

If YES, please explain? _____

Do you still practice in your stated specialty? YES NO

Please briefly describe the nature of your current work below:

Have you ever participated in any overseas medical/healthcare work? YES NO

If YES, explain: _____

Languages spoken and sign language (please indicate level of fluency): _____

Are you available on short notice to join a mission team?

- Yes with 1 – 2 weeks notice
- Yes with 3 – 4 weeks notice
- No

Short notice availability does not affect the application process but allows Operation Smile to adjust to the changing circumstances of our mission countries and volunteers.

PASSPORT INFORMATION

Passport#: _____ Passport Type: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____

Issuing Authority name and city: _____

Date Issued: _____ Expiration: _____

References

Please provide information for three individuals from within your specialty who can attest to your clinical ability, professionalism, and ability to work as a part of a team in high-stress situations. One of these references MUST be the head of the department where you currently work. Our Nursing Specialty Coordinator may contact these references during the application review.

Reference #1

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO

Reference #2

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO

Reference #3

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO

APPLICATION PROCESS:

Please send this completed application along with:

- **Current Curriculum Vitae/Resume**
- **Current licensure**
- **Copies of diplomas**

It is very important that you send all of the above information together with the completed application. If any of the above information is not in the application packet, the application is considered incomplete. You will be notified if your application is incomplete.

Completed application packets will be sent to the Therapy Specialty Coordinator for review at which time you may be interviewed by telephone or asked to submit additional information. Operation Smile will inform you of the results of your application.

If an applicant is selected for a mission, all of his/her work will be done on a volunteer basis. Transportation and lodging are provided by Operation Smile, but each team member will be required to pay a sponsorship fee (\$500) to help defray part of the mission expenses. Mission teams are comprised of at least 50 percent experienced Operation Smile team members and the remainder of the team of new volunteers.

Please send all forms by email, fax or mail to:

credentialing@operationsmile.org

Fax:
+1 757 321 7772
Attn: Credentialing

Operation Smile
Medical Volunteer Management
6435 Tidewater Drive
Norfolk, VA 23509-1600
USA

I have read the above and certify that the foregoing is true, correct and complete. I shall promptly inform Operation Smile if there is any change to the facts herein.

Signature: _____

Date: _____