



# Luke Loving Heart Medical

## International Volunteer Application Form

**Please Fill Out This Form with English!**

Personal Information				
Family Name		Given Name		
Gender	Date(dd/mm/yy) of Birth	Marital Status	Health Status	
Male Female				
Tel Number(Home)	Tel Number (Cell)	Fax	Email	
Permanent Residential Address				
Current Residential Address				
Nationality	Passport Number	Issuing Authority	Date of Issue & Expiry	
Current Position	Ready to Join Our			
	Medical Service Specialty:	Non-medical Service Specialty:		
Medical: Doctors, paramedical workers Non-Medical: Hospital Senior Manager, Logistics, Human Resources Manager				
Availability				
Available from (dd/mm/yy)		Till (dd/mm/yy)		
How long do you plan to have one medical mission trip with LLHM?				
How much time of notice for a non-emergency departure?		Week/Month		
How much time of notice for an emergency departure?		Hours/Days		
Emergency Contacts:				
	Name	Relationship	Contacts	Email
1				
2				

**Motivation**

1. Why do you want to join LLHM's Voluntary Medical Service?

2. What is your plan about the Medical Mission Trip with LLHM?

3. What do you expect to achieve during this trip?

**Travel Experience**

Including working, voluntary service and travel(particularly in Developing country and rural place)

	Country	Type of travel	Duration
1			
2			
3			
4			
5			

**Professional Reference**

	Name of Referee	Relationship	Organization	Contact Numbers	Email
1					
2					

By Checking the boxes, I declare that all the information above is true, correct and complete, I also understand the Privacy Policy of Luke Loving Heart Medical.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Place (city, country): \_\_\_\_\_

**.. Privacy Policy..**

All personal information provided to Luke Loving Heart Medical is safely stored in Database. All personal information is for the sole purpose of the LLHM volunteer recruitment activity and management. Without the permission of the applicants/volunteers, no information will be provided or shared to external parties. Applicants/volunteers have the right to request access to and correction of their personal data. The request should be submitted in writing to the Loving Heart Medical Overseas Department.

**Checklist**

Make sure all the necessary documents are enclosed when submitting your application:

- 4 pages of completed application form
- Updated and detailed CV
- Copies of diplomas, licenses and certificates

**Notice:**

It is our aim to have your application screened within 10-15 office days. However, the screening time may be longer because of a good many of applications. You will be given a reference code by e-mail upon receipt of your application. Please quote that code whenever making enquiry or submitting further supporting documents. If you do not hear from us in 10-15 days, please feel free to contact us to get an update on the status of your application.

Notice: ONLY COMPLETE APPLICATION WILL BE SCREENED.

Please return to  
Room 1108, Unit 1, Building 3  
Leading International Building, Guangqumen  
Chongwen District, Beijing, China 100061  
Tel: (86) 10 6717 0382  
Fax: (86) 10 6717 9836  
Email: [zhanxy@hlpcn.com](mailto:zhanxy@hlpcn.com)  
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