



10 West 17th Street  
New York, NY 10011-5765  
www.cmmb.org

T 212.242.7757  
800.678.5659  
F 212.807.9161

Dear Hospital/Health Center/Clinic/Dispensary Administrator,  
We hope this message finds you well. Below is a facility form to request a professional medical volunteer from CMMB.

In order to receive a medical volunteer, you must be able to arrange for housing for the volunteer. We make every attempt to fill requests for volunteers that fit within the scope of our mission. However, please realize that requests are more numerous than our ability to support volunteers.

Your time and information will be greatly appreciated as it will help us facilitate the recruiting of prospective volunteers to work with you. Please e-mail the facility form (typed) to Lizaura Javier, Medical Volunteer Coordinator, at [ljaver@cmmb.org](mailto:ljaver@cmmb.org) and carbon copy (cc) Richard Galentino, Medical Volunteer Director, at [rgalentino@cmmb.org](mailto:rgalentino@cmmb.org).

Upon receipt of your completed form via e-mail, we will initiate a dialogue via e-mail/telephone with you to discuss next steps in the process.

Yours sincerely,

Richard Galentino  
Director, Medical Volunteer Program  
Tel: 212-242-7757  
[rgalentino@cmmb.org](mailto:rgalentino@cmmb.org)



**CMMB**  
CATHOLIC MEDICAL MISSION BOARD

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## REQUEST FOR CMMB VOLUNTEERS

### 1. INSTITUTIONAL ADDRESS:

1. Name of institution \_\_\_\_\_
2. Director \_\_\_\_\_
3. Contact person \_\_\_\_\_ E-mail \_\_\_\_\_
4. P.O Box \_\_\_\_\_ Street \_\_\_\_\_
5. City/Town \_\_\_\_\_ Postal/ Zip code \_\_\_\_\_
6. State/Province \_\_\_\_\_
7. Country \_\_\_\_\_
8. Telephone (Country Code +) \_\_\_\_\_
9. Fax \_\_\_\_\_
10. E-mail \_\_\_\_\_ Web site \_\_\_\_\_

#### **Additional Location Information:**

1. Nearest Airport \_\_\_\_\_ Miles/km away \_\_\_\_\_
2. About how many hours from airport are you located? \_\_\_\_\_

### 2. LEGAL STATUS OF THE INSTITUTION (mark applicable)

1. Government/Public \_\_\_\_\_
2. Diocese/Mission \_\_\_\_\_
3. Religious Order \_\_\_\_\_
4. Non-profit (Non-Governmental Organization) \_\_\_\_\_

5. Private \_\_\_\_\_
6. Are you incorporated/ registered? \_\_\_\_\_
7. Name of the incorporated body if different from the institutional name \_\_\_\_\_  
\_\_\_\_\_

### **3. DETAILS ABOUT YOUR HEALTH ORGANIZATION: Facilities and Services**

1. Capacity: # of beds \_\_\_\_\_
2. Bed occupancy rate \_\_\_\_\_
3. Do you have an out-patient dept.? \_\_\_\_\_  
Average # O.P. visits per day \_\_\_\_\_
4. Average # of major surgeries per week \_\_\_\_\_  
minor surgeries per week \_\_\_\_\_
5. How many operating rooms? \_\_\_\_\_ Post operative recovery room? \_\_\_\_\_
5. X-ray Department \_\_\_\_\_ Special X-rays \_\_\_\_\_
6. Ultra-sound \_\_\_\_\_
7. Electrocardiography \_\_\_\_\_
8. Intensive Care Unit \_\_\_\_\_ No. of beds \_\_\_\_\_
9. Pharmacy \_\_\_\_\_
- 10 Maternity Ward \_\_\_\_\_ Average number deliveries per week \_\_\_\_\_
11. Obstetrical Delivery Room \_\_\_\_\_
12. Autoclave \_\_\_\_\_
13. Medical Records Dept. \_\_\_\_\_
14. Physical/Occupational Therapy Service \_\_\_\_\_
15. Medical Laboratory \_\_\_\_\_
16. Dental Department \_\_\_\_\_
17. Do you offer HIV/AIDS services?  
PTMCT \_\_\_\_\_ VCT \_\_\_\_\_ ARV \_\_\_\_\_
18. Others \_\_\_\_\_

**4. INSTITUTIONAL INFORMATION**

- 1. Hours of operation Monday-Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_
- 2. On-call schedule for staff \_\_\_\_\_
- 3. Number of doctor \_\_\_\_\_
- 4. Number of staff nurses \_\_\_\_\_
- 5. Number of paramedical \_\_\_\_\_
- 6. Number of midwives \_\_\_\_\_
- 7. Annual number of births (deliveries) \_\_\_\_\_
- 8. Types of Anesthesia available, General \_\_\_\_\_  
Local \_\_\_\_\_

**5. TYPE OF CLINICIANS/PRACTITIONERS NEEDED:**

- 1. Medical Doctors \_\_\_\_\_
- 2. Surgeon \_\_\_\_\_
- 3. Medical Specialist \_\_\_\_\_
  - A. Pathologist \_\_\_\_\_
  - B. Ophthalmologist \_\_\_\_\_
  - C. ENT \_\_\_\_\_
  - D. Pediatrician \_\_\_\_\_
  - E. Internist \_\_\_\_\_
  - F. OB/GYN \_\_\_\_\_
  - G. Dermatologist \_\_\_\_\_
  - H. Neurologist \_\_\_\_\_
  - I. Orthopedist \_\_\_\_\_
  - J. Cardiologist \_\_\_\_\_

- K. Urologist \_\_\_\_\_
- L. Gastroenterologist \_\_\_\_\_
- M. Other (Name): \_\_\_\_\_
- 7. Registered Nurse (BSN) \_\_\_\_\_ (Diploma) \_\_\_\_\_
- 8. Nurse Practitioner \_\_\_\_\_
- 9. Physician Assistant \_\_\_\_\_
- 10. Physical Therapist \_\_\_\_\_
- 11. Occupational Therapist \_\_\_\_\_
- 12. Optometrist \_\_\_\_\_
- 13. Pharmacist \_\_\_\_\_
- 14. Lab Technologist \_\_\_\_\_
- 15. X-Ray Tech \_\_\_\_\_
- 16. Other (Name): \_\_\_\_\_

**6. VOLUNTEER CREDENTIALS: WHICH OF THE FOLLOWING ARE NEEDED?**

	<u>Needed</u>	<u>Notarized</u>
1. Current Professional License	_____	_____
2. Current Registration	_____	_____
3. Medical Diploma	_____	_____
4. Curriculum Vitae	_____	_____
5. CMMB Application	_____	_____
6. Your organization's application	_____	_____
7. Letters of Recommendation	_____	_____
8. Copy of Physical Examination	_____	_____
9. Age Limits:	_____	_____
10. Letter of Invitation	_____	_____
11. Must be registered by your country's Ministry of Health?*	_____	_____

\*If, yes, who arranges? \_\_\_\_\_

12. Special Documents/Working Permit \_\_\_\_\_

13. Recommended Inoculations: Types: \_\_\_\_\_

14. Other Requirements \_\_\_\_\_

**7. MINIMUM TIME YOU WILL ACCEPT A VOLUNTEER**

	<u>YES</u>	<u>NO</u>
1. One Month	_____	_____
2. Three Months	_____	_____
3. Six Months	_____	_____
4. One year	_____	_____
5. Two years plus	_____	_____

**8. LOCAL AMENITIES FOR VOLUNTEERS**

1. House shared \_\_\_\_\_ not shared \_\_\_\_\_

2. Telephone \_\_\_\_\_

3. Access to e-mail/internet services within institution \_\_\_\_\_

Externally \_\_\_\_\_

4. Cell phone (mobile phone) network \_\_\_\_\_

Easy to subscribe to \_\_\_\_\_

5. Do you provide food for the volunteers? \_\_\_\_\_

6. Stores for purchase of food \_\_\_\_\_

clothes \_\_\_\_\_

toiletries \_\_\_\_\_

7. Local schools available \_\_\_\_\_

8. Description of schools \_\_\_\_\_

9. When does an academic year start? \_\_\_\_\_

Do schools accept students in any academic term? \_\_\_\_\_

10. Transport provided \_\_\_\_\_

Taxi or other general local transport \_\_\_\_\_

11. Other \_\_\_\_\_

**9. OTHER COMMENTS or NEEDS**

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**\*\*\*Please also include language for a “Volunteer Posting” to recruit qualified volunteers from our website in the format below.**

Volunteer Site Location: \_\_\_\_\_

Medical Volunteer Openings: \_\_\_\_\_

Length of Commitment:: \_\_\_\_\_

Description of community needs, regional culture, and desired impact:

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Sample of what a posting will look like on our website:

**Volunteer Site Location: Kilembe Mines  
Hospital – Uganda**

**Help**

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*Please fill in the information below and use the navigational buttons to continue.*

*Warning: Using your browser's Back and Forward buttons may produce undesirable results.*

Medical Volunteer Openings: Primary Care Doctor, General

Surgeon, OB/GYN, Radiologist

Length of Commitment: 1-year

Description: Kilembe Mines Hospital is located in the foothills of the Rwenzori Mountains in western Uganda and provides care to rural, poor populations. It has 180-beds with a staff comprised of 2 doctors and 80 nurses. To learn more about the people you will serve and the conditions in which your medical expertise is needed, visit Dr. Joe Smith, a CMMB volunteer, blog about his work as a general surgeon at Kilembe Mines Hospital: [http://\(insert link or website\)](http://(insert link or website)).

Benefits: Airfare, Stipend (\$350/mo. provided by CMMB), housing, electricity, water & free email. Volunteer may elect not to receive airfare or stipend if not necessary. Funding will be used to support additional volunteers.