



CLINICAL Volunteering Program Application Form
For Volunteering, Observership and Internship Programs

Applying Period	Applications Accepted
January through March	Month of September
April through May	Month of December
June through August	Month of February
September through November 15	Month of May

Note: No early or late applications will be accepted.

Note: Application processing will start at end of application period. You should expect to hear back within 4 weeks after application deadline.

Note: We do not have Volunteering, Observership, or Internship opportunities between November 15th through January 15th.

Please fill out all sections of the application form and email them with all related material to sefintern@giftofvision.org



SECTION 1: PROFILE OF THE VOLUNTEER

NAME (Last, First, Middle): _____

SEX (M/F): _____ DATE OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____ EMAIL ADDRESS
(used for correspondence and for newsletters) #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

TEL (H): _____ TEL (O): _____

TEL (C): _____ FAX: _____

CURRENTLY ENROLLED IN (check one):

- Medical School
- Residency
- High School (please check one): 10th Grade 11th Grade 12th Grade
- Other (HS Graduate (or equiv) or higher)

If you selected "Residency" or "Other", please explain: _____

NAME OF INSTITUTION (currently enrolled in): _____

GRADUATION DATE: _____ CURRENT YEAR OF STUDY (1st year medical student, etc): _____

LICENSE #: _____ DATE ISSUED: _____

SPECIALTY: _____ YEARS OF EXPERIENCE: _____

EXPOSURE TO OPHTHALMIC DIAGNOSTICS AND SURGERIES (Kindly quantify): _____

AREA OF INTEREST (WHILE VOLUNTEERING): _____

HOSPITAL AFFILIATION(S): _____

LANGUAGES SPOKEN: _____

INDIAN LANG. FLUENCY: _____ None Beginner Intermediate Fluent



SECTION 2: VOLUNTEER PREFERENCES

APPLYING FOR (check one) – please see website if you have questions on requirements:

- Clinical Volunteering
 Clinical Observership
 Clinical Internship

LOCATION APPLYING FOR (if more than one, please use numbers to designate priority):

- SEH Anand – Offering Clinical Volunteering, Clinical Observership
- SEH Bangalore – Offering Clinical Internship, Clinical Volunteering and Clinical Observership
- SEH Coimbatore - Offering Clinical Internship, Clinical Volunteering and Clinical Observership
- SEH Guntur - Offering Clinical Observership and Clinical Volunteering
- SEH Shimoga – Offering Clinical Observership

- Anand
 Bangalore
 Coimbatore
 Guntur
 Shimoga

IN ORDER OF PREFERENCE, GIVE PREFERRED DATES AND DURATION FOR VISIT:
(Clinical Volunteering, Observership and Internship are not available from November 15th through January 15th)

1. _____
2. _____
3. _____

QUESTIONS:

1. What do you expect from this program at the Sankara Eye Hospital?

2. Will you need Room and Board? Room and Board are available for a nominal fee at the following locations.

- SEH Coimbatore (twin share based on availability), SEH Bangalore (twin share based on availability), SEH Guntur (twin share based on availability for short terms – 1 to 2 weeks)
- High School Students will need to provide their own accommodations.

- Yes
 No
 N/A (high school student)



SECTION 3: TO BE COMPLETED BY DEAN'S OFFICE
(or person who approves this at your institution) OF THE APPLICANT'S INSTITUTION

This section is to be filled out if you would like to receive credit from your institution for participating in the Sankara Eye Foundation Volunteering program.

Applicant Name: _____

The above named student is registered in the _____ program.

He/She is in good standing at the listed institution and has permission to study with Sankara Eye Hospital Project Surgery.

- The student is is not covered by malpractice and liability insurance.
- The student is is not covered by health insurance (enclose proof).
- His/her overall academic standing is: Excellent Good Solid Satisfactory

Dean or Advisor Signature: _____

Print Name of Dean or Advisor: _____

Title: _____

Date: _____

<Please affix institution seal here>

ADDRESS OF INSTITUTION: This is where the evaluation will be mailed to by Sankara Eye Hospital after the completion of the internship.

Name of Institute: _____

Address: _____

City: _____ State: _____ Zip: _____



SECTION 4: EMERGENCY CONTACT INFORMATION

CONTACT NAME IN USA (IN CASE OF EMERGENCY): (Parents/Friend)

NAME: _____ RELATION: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

PHONE: _____ PHONE: _____

SECTION 5: DONATION INFORMATION

Please go to (<https://npo.networkforgood.org/Donate/Donate.aspx?npoSubscriptionId=3808>). Please state "Internship Application Processing Fee" in the Comments Section. The receipt must be provided with the application. The fee structure is as follows.

1. **For applications submitted by the deadline**, a nominal donation of \$30 is charged (non refundable) to be applied to "Open one eye (1 surgery)." the applicant.
2. **For applications submitted 1 day to 3 months past the deadline**, the donation is raised to \$90 (non refundable) to be applied to "Open three eyes (3 surgeries)".
3. **For applications submitted past 3 months past the deadline**, the donation is raised to \$360 (non refundable) to be applied to "Open an eye per month (12 surgeries)".

Date Application Submitted: _____ Amount of Donation: _____

SECTION 6: SIGNATURE OF APPLICANT

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant

Date

SANKARA EYE FOUNDATION / SANKARA EYE HOSPITAL CONTACTS

USA: **Mr. Bakul V. Patel**, Internship Coordinator, Sankara Eye Foundation, 1900 McCarthy Blvd., Milpitas, CA 95035. Ph: 510-593-9240, Email: bakulvpatel@yahoo.com, Website: www.giftofvision.org

USA: **Mr. Murali Krishnamurthy, Chairman**, Sankara Eye Foundation, 1900 McCarthy Blvd., Milpitas, CA 95035. Ph: 1-866-726-5272, 1-408-425-1268 (Cell), Email: info@giftofvision.org, Website: www.giftofvision.org

INDIA: **Dr. Kaushik Murali**, Sankara Eye Centre, Sathy Road, Coimbatore-641 035, India. Ph: 91 - 422 - 2666 450, Email: murali.kaushik@gmail.com, Website: www.sankaraeye.com