

Register Your Interest

Volunteering

Name:

Nationality:

Date of Birth:

Gender:

QID:

Occupation:

Email:

Have you or any of your family members been admitted at Hamad Medical Corporation?

If Yes, which of the following facility have you visited:

- Al Khor Hospital
- Ambulatory Care Center
- Al Wakra Hospital
- Communicable Disease Center
- Enaya
- Hamad General Hospital
- Hazm Mebaireek General Hospital
- Heart Hospital
- Home Healthcare
- National Center for Cancer Care Research
- Private Nursing
- Qatar Rehabilitation Institute
- Rumailah Hospital
- The Cuban Hospital
- Women's Hospital
- Women's Wellness and Research Center

I agree that Hamad Medical Corporation can contact me to discuss appropriate opportunities for volunteering.

Mobile Number: _____

Sign: _____