

No Time For Poverty

Medical Volunteer

I am interested in being contacted for information regarding volunteer opportunities in Haiti. I realize that this trip is volunteer based and costs associated with my volunteer experience are my own. These costs include but are not limited to airfare, lodging, and travel change fees.

TO BE CONSIDERED - APPLICATION MUST BE COMPLETED IN FULL.

PERSONAL INFORMATION

Name _____ Cell Phone _____
Address _____ Work Phone _____
City _____ Home Phone _____
State _____ ZIP _____ E-Mail _____
Passport #: _____ **(Please attach copy of passport)**

PROFESSION

Medical Professional: _____
License in good standing: Yes (**Please attach a copy to this application**) No
Specialty: _____
Name of Hospital or Clinic where you work: _____
 Medical Student: _____
Name of Medical School attending: _____
Year in school: _____

EXPERIENCE

International Travel Experience (other than Haiti):
Indicate countries: _____
Number of times in Haiti _____
Reason for visit(s): _____

FOREIGN LANGUAGE

Creole Degree of Oral Fluency: ___ Some ___ Moderate ___ Fluent
 French Degree of Oral Fluency: ___ Some ___ Moderate ___ Fluent
 Other Degree of Oral Fluency: ___ Some ___ Moderate ___ Fluent

EMERGENCY CONTACT

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

PERMISSION

If you are selected, do you give permission to release your name, photo, profession, and work affiliation to No Time For Poverty ___ Yes ___ No To the media? ___ Yes ___ No

PLEASE EMAIL COMPLETED FORM TO sgrundhoffer@notimeforpoverty.org.

PLEASE ATTACH A RESUME/CV IF AVAILABLE