



Please complete the following form and return it to the Timmy Foundation headquarters or designated trip leader.

TRIP DESTINATION (circle one) **ECUADOR** **GUATEMALA** **NIGERIA** DATES _____

TRAVEL GROUP/CHAPTER (University chapter or trip group) _____

FULL NAME (as it appears on your passport) _____
First Middle Last

GENDER **MALE** **FEMALE** DATE OF BIRTH (mm/dd/yyyy) ____/____/____

PASSPORT NO _____ COUNTRY OF CITIZENSHIP _____

CURRENT ADDRESS

PERMANENT ADDRESS (If different)

Street

City State Zip

Street

City State Zip

CELL PHONE () _____

HOME PHONE () _____

EMAIL ADDRESS _____

CIRCLE ONE **STUDENT** **MD/DO** **DDS** **RNP** **PA-C** **RN** **RPh** **OTHER**

If a medical professional, what is your specialty? _____

SPANISH SPEAKING ABILITY Please characterize your Spanish-speaking abilities by checking one of the following boxes (If applicable – Nigeria program volunteers do NOT need to complete the Spanish questionnaire)

Beginner (Few words, phrases)	Intermediate (Ability to converse, but may get lost at times)	Advanced (Ability to easily interpret and speak the language)	Master (Native speaker)
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Are you comfortable serving as a Spanish interpreter in our clinics? **YES** **NO**

ALLERGIES _____

DIETARY RESTRICTIONS _____

CURRENT MEDICATION _____

PHYSICIAN NAME _____

PHYSICIAN PHONE () _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT HOME PHONE () _____

CELL PHONE () _____