



93 S. Jackson St. #6120
Seattle, WA 98104
Tel: U.S. call back (808) 590-2222
medicorps@medicorps.org

Volunteer Information Form

Please fill in all boxes and submit the form below; if a field does not apply type NA in the field.

Personal Data

Name (first, middle, last)

Male ☐ Female ☐

Address

Home Phone

City **State**

Office Phone

Zip Code **Birth Year**

Fax Number

Citizenship

Cell/Pager

Profession

E-mail

Specialty

Current Professional Status & Institutional Affiliation (academic, hospital, private practice, retired, etc.)

Other Related Teaching/Clinical Experience

**Have you ever had a professional license
revoked/suspended?**

Yes ☐ No ☐

States in which you hold valid licenses/registration

Professional References

All fields in this section must be completed to initiate volunteer placement. We encourage you to include the e-mail address of your references if possible. Also, please notify your references so they are aware that they might be contacted by a representative of Medicorps.

1) Name (first, middle, last)

Office Phone

Title/Institution

Home Phone

Address

Fax Number

City

State

Cell/Pager

Zip Code

E-mail

2) Name (first, middle, last)

Office Phone

Title/Institution

Home Phone

Address

Fax Number

City

State

Cell/Pager

Zip Code

E-mail

3) Name (first, middle, last)

Office Phone

Title/Institution

Home Phone

Address

Fax Number

City

State

Cell/Pager

Zip Code

E-mail

Experience

Please list all prior national and international experience.

1) Country	<input type="text"/>	Date	<input type="text"/>	Sponsor	<input type="text"/>
2) Country	<input type="text"/>	Date	<input type="text"/>	Sponsor	<input type="text"/>
3) Country	<input type="text"/>	Date	<input type="text"/>	Sponsor	<input type="text"/>
4) Country	<input type="text"/>	Date	<input type="text"/>	Sponsor	<input type="text"/>
5) Country	<input type="text"/>	Date	<input type="text"/>	Sponsor	<input type="text"/>

Timeframe

The amount of time I would like to spend: (select largest possible number)

☐ 2 weeks ☐ 1 month ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months

☐ Other:

Date preferred Alternate dates

Location

Specific region(s) of preference:

Country of preference:

Not willing to serve in:

Companions

I wish to be accompanied by:

☐ Spouse (list name) ☐ Children (list ages) ☐ Other (list name)

☒ N/A

Would your companion be interested in participating? ☐ Yes ☐ No

If yes, in what capacity?

Your companion will be expected to join MEDICORPS and may need to complete a Volunteer Profile Form.

Emergency Contact

Please list name of person to be notified in case of an emergency.

Name (first, middle, last)

Office Phone

Address

Home Phone

City

State

E-Mail

Zip

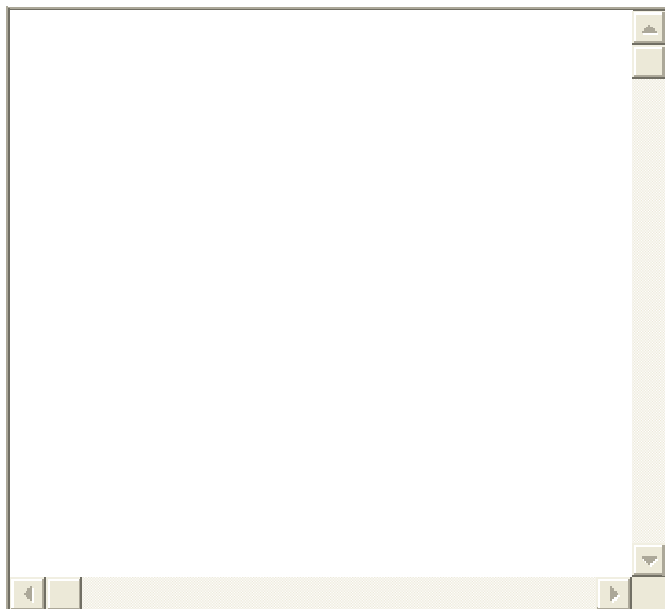
Other

How did you hear about Medicorps?

Completion of this form is the first step in the volunteer placement process and does not guarantee an assignment. You may be asked to submit additional documentation for particular requirements in some countries.

Working with MEDICORPS

Briefly indicate why you are interested in working with MEDICORPS.



MEDICORPS participants will demonstrate the highest standards of professional and personal conduct at all times. Sensitivity to cultural and social beliefs and practices of the host country should guide professional and personal behavior. Typing in your name, dating and submitting is equal to signing this document.

Please consider joining MEDICORPS as a member. Your contribution will support our programs of assisting the less fortunate in this world.

Are you currently a member of Medicorps?

☐ yes ☐ no

Signature **Degree** **Date**

This form will be considered valid for one year from the date submitted.

Medicorps

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