

Application for Volunteer Service

For individuals desiring short-term medical and general volunteer opportunities



CURE International: CURE International transforms the lives of disabled children and their families in the developing world through medical and spiritual healing, serving all by establishing specialty teaching hospitals, building partnerships and advocating for these children.

The mission of the Global Outreach Office: To mobilize short-term volunteers with excellence to serve the agenda of our hospital staff and to engage as long-term advocates raising awareness and funds for the healing of disabled children.

Completion of this form enables CURE International to consider you for short term opportunities. Please **answer all applicable information** (type or print). CURE International will use the following information for the purposes of trip application only.

GENERAL

Name as it appears on passport _____ Date of Birth ____/____/____

Name as you would like it on name tag: _____ o Male o Female

Home Address: Street _____

City/Town _____ State _____ Country _____ Zip _____

Phone (____) _____ Fax (____) _____ Cell (____) _____

Email _____

Marital Status: o Married o Single Spouse's Name _____

Emergency contact (s) (Name, address, phone, relationship) _____

HEALTH

Your Health: o Excellent o Good o Fair o Poor o Other: _____

Comments _____

EDUCATION

High School/Secondary _____ Graduate: o Yes o No Year Completed _____

College _____ Degree _____ Year Completed _____

Other _____ Degree _____ Year Completed _____

Medical _____ Degree _____ Year Completed _____

Internship _____ Type _____ Year Completed _____

Residency _____ Type _____ Year Completed _____

Military Experience _____

EMPLOYMENT/MEDICAL PRACTICE

Occupation _____ Number of years _____

Job Description _____

Do you wish to serve in this occupation? o Yes o No o Other _____

EMPLOYMENT/MEDICAL PRACTICE Cont.

Medical personnel complete this section

Specialty (ies) _____

Practicing: Full-time Part-time Retired _____ Student in _____ year Intern
 Resident in _____ years of _____ year program To complete (year) _____

Board Certification(s) _____

Current Staff/Faculty Appointments _____

Current Medical License Number _____ Issued at _____ Expires _____

Professional Organizations _____

Are you presently involved in malpractice litigation? Yes No (If “yes,” please explain on a separate sheet)

RELIGIOUS AFFILIATION

Because CURE values partnerships please share your place of worship. (Optional)

Name _____ Affiliation _____

Street _____ Phone (____) _____ Email _____

City/Town _____ State _____ Zip _____

Contact Name _____

Other religious, civic, community activities/organizations _____

INSIGHTS

What motivated you to volunteer with CURE International? _____

List skills and hobbies and their relevance during volunteering. _____

What do you hope to accomplish on this trip? _____

TRIP-SPECIFIC INTERESTS

Month/Year preferred _____ Length of time 8-day 14-day Extended _____

Where would you like to serve? Afghanistan Dominican Republic Honduras Kenya Malawi Uganda
 Zambia

List overseas experience, location, length, accomplishments, etc (use separate sheet if necessary).

Foreign language(s) and proficiency _____

TRAVEL

Will you travel Alone with spouse with children (list) _____

Team (List) _____

Position on Team: _____

Do you have a valid passport? Yes No Applied Current Immunizations? Yes No

Passport number _____ Issued at _____

Date Issued _____ Expiration date _____

REFERENCES

Name _____ Phone (____) _____

Address _____

City/Town _____ State _____ Zip _____

Relationship _____ Email _____

Name _____ Phone (____) _____

Address _____

City/Town _____ State _____ Zip _____

Relationship _____ Email _____

I, _____ (print name), along with all members of my family in consideration of the benefits derived, if accepted for a CURE International project, hereby voluntarily waive any claims against the local and international organizations, local officer(s), sponsoring institution(s), and all leaders of CURE International for any and all cases in connection with the activities of the above organization. I have read and agree to all the information outlined in this application and its accompanying documents, including all the disclaimers.

I agree to allow CURE International to use my name and image in its publications, media releases, website and any other promotional material.

Signature _____ Date _____

If applicant is a minor, the parent/guardian must sign below:

Name of parent/guardian _____ Date _____

Print name of parent/guardian _____ Relationship to minor _____

Please mail application, \$25 registration fee (not refundable), and copy of passport. Medical personnel also send a copy of diploma, curriculum vitae (resume) and current medical license to:

**CURE International
701 Bosler Avenue
Lemoyne, PA 17043-1819**

healing changes everything