



Operation Hope

Service and Commitment above self

Operation Hope for Children of Haiti | OHFCOH

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Volunteer Application – Medical Personnel

(Please type or print clearly. Use black or dark blue ink only.)

Full Name: _____

Date of Birth: _____ Gender: M / F

Mailing Address: _____

Business Address: _____

Home Phone: _____ Business Phone: _____ Fax: _____

Cell Phone: _____ Pager: _____ Email: _____

Marital Status: S / M Spouse Name (if applicable): _____

School Graduated: _____ Degree Attained: _____ Year: _____

Specialty (ies) _____ Subspecialty: _____

Place of Employment/Hospital Affiliation(s): _____

Professional awards, certificates, honors or recognition received, or other special attainments?

What organizations do you belong to? _____

Have you been to other mission(s) with another organization? Y / N Where: _____ Dates: _____

State(s) or Country (ies) in which you are licensed to practice: _____

*Current medical/nursing license? Y / N State(s): _____

Medical License #: _____ Exp. Date: _____

Nurse License #: _____ Exp. Date: _____

Medical/Nursing practice insurance Liability: _____ Exp. Date: _____

Has your license been suspended in the past 5 years? Y / N

Allergies: _____ Chronic Disorders: _____

Operation Hope is a 501(c)(3) non-profit organization, EIN# 11-3361540. Operation Hope is also a non-governmental organization (NGO), NIF ID number 000-596-419-0. All contributions are tax-deductible to the fullest extent permitted by law.

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Updated: 03.01.10

Two references, one personal and one professional:

Name: _____ Address: _____
Name: _____ Address: _____

Place of mission interest: _____ **Dates of mission:** _____

Please attach a copy of a doctor's note clearing you for your upcoming overseas medical mission and attesting to your health and ability to serve in a foreign country.

I attest that the information, here-in is correct to the best of my ability.

Signature: _____ Date: _____

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