



**Operation Hope for Children of Haiti | OHFCOH**

www.operationhopeforchildren.org

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11 Route Diquini, #63 (en face Hospital Adventist)  
Diquini/Carrefour, Haiti (WI)

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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:** \_\_\_\_\_

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: \_\_\_\_\_

*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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