

WYOMING HAITI RELIEF (WHR) 2010

Medical Volunteer Application

Personal: IMPORTANT: ENTER YOUR NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT

Title	Last Name	First Name	Suffix
Middle Name		Nick Name	Gender
Address		City	State
E-mail		Home Phone	Cell Phone
Next of Kin & Phone Number			
Employer		Employer Address	
Company Website/Link to personal CV		Business Phone	Business E-mail
Passport Number & Country of Issue		Date Issued & Expiration Date	Place of Birth

Education/Special Skills (Please Circle): Doctor Nurse Midwife Physical Therapist Other

	School/Hospital	Location	Degree	Year
Undergraduate				
Graduate				

Availability: WHR asks for a minimum commitment of 7 - 10 days

First available date(s):	
Are you also available to be on call for immediate deployment?	
Preferred start date:	End date:

Residency			
Specialty			
Licenses – list state(s)			
Language/ Other Skills:			

How did you learn about WYOMING HAITI RELIEF?

<input type="checkbox"/> Staff	<input type="checkbox"/> Facebook	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Television	<input type="checkbox"/> Radio	<input type="checkbox"/> Other

Have you ever been convicted of a malpractice suit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there now or has there ever been discipline or pending discipline to your license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of (or pleaded guilty) to a crime within the past 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

Tell us about your experience in austere medical conditions (developing countries, medical missions, Wilderness medicine, Peace Corps, War zone experience, Doctors Without Borders, Native American Reservations...)

Please Print:

I declare that the facts contained in this application are true and complete to the best of my knowledge. I understand that this application is subject to review by the staff of Wyoming Haiti Relief, and that background checks and additional interviews may be involved in this application process. I understand that all information provided in this application process is confidential and will be used by Wyoming Haiti Relief staff for screening purposes only. I further understand that as a volunteer, I cannot hold WHR liable for any damages or personal injury sustained while en route, or on/or about the site where I will be volunteering.

Signature: _____ Date: _____

Fill out and mail or fax to

Wyoming Haiti Relief

3158 Monte Vista Drive

Casper, WY 82601

Fax: 307-265-0937

Jhendricks9151@msn.com You may e-mail this form to expedite the application process, but is not a complete submission.

THIS APPLICATION IS NOT COMPLETE UNTIL A SIGNED COPY HAS BEEN MAILED OR FAXED TO WYOMING HAITI RELIEF

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