



## Volunteer Application

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex or Gender: • F\_\_\_\_ • M\_\_\_\_

Permanent address:

\_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: • USA\_\_\_\_ • Other \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation:

• Physician: Specialty \_\_\_\_\_

• Nurse: Specialty \_\_\_\_\_

• Dentist: Specialty \_\_\_\_\_

• Undergrad Student: Major \_\_\_\_\_

• Fellow: Specialty \_\_\_\_\_

• PA\_\_\_\_ • NP\_\_\_\_ • Midwife\_\_\_\_

• Resident Type \_\_\_\_\_

• High School Student \_\_\_\_\_

• Graduate Student: Type \_\_\_\_\_

• Other \_\_\_\_\_

Place of employment or University \_\_\_\_\_

Citizenship: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Date of Expiration\*: \_\_\_\_\_

\*Date of Expiration MUST be at least six months after departure date.

### Emergency contact information

Primary contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary contact person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Spanish fluency: • Fluent\_\_\_\_ or • Primary language\_\_\_\_ • Somewhat fluent\_\_\_\_ • No\_\_\_\_

Goal of visit: \_\_\_\_\_

Preferred travel date(s): \_\_\_\_\_

**Personal Health**

Do you have any chronic medical conditions? • No\_\_\_ • Yes\_\_\_ if yes, please describe conditions and medications: \_\_\_\_\_

Do you have any cardiac or pulmonary conditions, or sickle cell disease? • No\_\_\_ • Yes\_\_\_ if yes, please describe the condition: \_\_\_\_\_

Do you have any allergies? • No\_\_\_ • Yes\_\_\_ if yes, please describe the allergy and the reaction: \_\_\_\_\_

**If in academic program**

Are you in good academic standing? • No\_\_\_ • Yes\_\_\_

Have you ever been on disciplinary probation or academic probation? • No\_\_\_ • Yes\_\_\_

If yes, please explain \_\_\_\_\_

**Application Signature:**

Applicants who are accepted to participate in the CerviCusco program are required to complete and sign an agreement and waiver which stipulates the terms and conditions of the program, conduct regulations and a waiver of liability.

I acknowledge that the information provided on this application is true and accurate to the best of my knowledge. I fully understand that providing false information during the application process may be grounds for rejecting my application or grounds for rejecting my application or grounds for dismissal from the CerviCusco program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian\* \_\_\_\_\_

Signature\* \_\_\_\_\_

\*All volunteers under the age of 18 must have parental or guardian signature