

# CRUDEM FOUNDATION "CRUDEM" VOLUNTEER APPLICATION

NAME:

MD \_\_\_ PA \_\_\_ CRNA \_\_\_ NP \_\_\_ RN \_\_\_ PT \_\_\_ OT \_\_\_ OTHER

NON-MEDICAL

STATE AND LICENSE NUMBER:

SPECIALTY AREA:

YEARS OF EXPERIENCE:

CURRENT EMPLOYER:

PREVIOUS EMPLOYER: \_\_\_\_\_

NAME OF REFERENCE:

DATES YOU ARE AVAILABLE:

ARE YOU THE LEADER OF YOUR GROUP? YES \_\_\_ NO

IF NOT, WHO IS?

YOUR ADDRESS:

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL:

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

FULL NAME AS IT APPEARS ON US PASSPORT:

\_\_\_\_\_

HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER MISSION TRIPS? YES

NO

IF YES, PLEASE LIST WHERE AND WHEN:

\_\_\_\_\_

IF THESE MISSION TRIPS WERE WITH AN ORGANIZATION OTHER THAN CRUDEM, PLEASE PROVIDE THE ORGANIZATIONS NAME AND A POINT OF CONTACT FOR THE ORGANIZATION:

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DO YOU HAVE ANY SPECIAL REQUIREMENTS? (E.G., DIETARY, MEDICAL, etc.)

YES

NO

IF YES, PLEASE EXPLAIN:

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IN THE SPACE BELOW, PLEASE PROVIDE ADDITIONAL INFORMATION, IF ANY, WHICH WOULD ASSIST THE CRUDEM FOUNDATION IN EVALUATING YOUR SUITABILITY AS A VOLUNTEER:

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## **ACKNOWLEDGMENT AND CERTIFICATION**

I certify that the answers given herein are true and complete to the best of my knowledge and belief.

I understand that false or misleading information given in this application may be considered grounds for dismissal as a CRUDEM volunteer.

If I am accepted by CRUDEM as a volunteer, I understand that I am required to abide by all applicable laws, including the laws of the Republic of Haiti, and the Foundation's policies and procedures, including the Code of Conduct.

I authorize CRUDEM to make investigations of all statements contained in this application and other related matters as may be necessary in arriving at a decision concerning my application to be a CRUDEM volunteer, and I indemnify CRUDEM, including its directors, officers, employees and agents, against any liability that might result from making such investigations and inquiries. I hereby release employers, schools, businesses and governments or persons from any liability in responding to inquiries made in connection with this application.

I certify that I have read and understand the terms of this application

SIGNED

DATE

Please include copy of your current curriculum vitae (CV) and a color copy of your passport's data page with submission.