



3269 S. Main Street, Suite 230
Salt Lake City, Utah 84115
www.ivumed.org

Phone: (801) 524-0201
Fax: (801) 524-0176
Email: info@ivumed.org

Volunteer Application Form

(Community, Support and Student Volunteers)

PERSONAL INFORMATION

Name: _____ Application Date: _____

Preferred Address for IVUmed Correspondence: _____

City: _____ State: _____ Zip/Postal code: _____ Country: _____

Phone (mobile): _____ Phone (work): _____

Phone (home): _____ Fax: _____

Email Address: _____

Passport Number: _____ Citizenship: _____

Name of Spouse/Significant Other (if applicable): _____

Languages Spoken: _____

What role do you see yourself performing on an IVUmed surgical workshop trip? _____

Please describe any experience you have that relates to work that you might do with IVUmed: _____

Please describe any experience working/traveling in developing countries: _____

Emergency Contact Names, Phone Numbers and Addresses *(please list two)*:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Please answer the following questions:

- Yes No Are you now or have you ever been involved in any litigation, lawsuits, claims, or arbitration, or are you now involved in any threatened litigation or claim related to your professional activities?
- Yes No Have you ever been charged with any crime other than minor traffic violations?
- Yes No Has your license in any jurisdiction ever been limited, suspended, or revoked?
- Yes No Have you ever been subject to any disciplinary proceeding or action by any employer, hospital, or other entity or institution with respect to your professional activities or behavior?
- Yes No Have you ever received treatment, voluntarily or involuntarily for alcoholism or drug abuse, mental illness or psychiatric problems?
- Yes No Do you have any current or past health problems or conditions that would impact or limit your ability to work in a developing country?

If you answered yes to any questions, please provide a brief explanation: _____

I certify that the information on this application is true to the best of my knowledge. I authorize all persons and institutions to disclose to and share with IVUmed opinions and information regarding me, including but not limited to, information contained in this application and my skills, experience, character, work habits, and performance. I authorize IVUmed to release information contained in this application or obtained by IVUmed pursuant to the authorization contained in this paragraph to IVUmed's Board of Trustees, committee members and staff. I waive any claims I might otherwise have against IVUmed resulting from IVUmed obtaining or releasing information as authorized by this paragraph.

Signature: _____ Date: _____

Print Name: _____

DOCUMENT CHECKLIST

Please include the following items *(preferably via regular mail)*:

- Curriculum Vitae
- Two letters of recommendation
- One page personal statement, including any health issues and your current type of work
- Copy of current passport *(please do not fax; please send copy via regular mail or a scanned copy by e-mail)*
- Signed IVUmed Release Form