



MEDICAL TEAM APPLICATION

DATE: _____

P.O. Box 980573
 Ypsilanti, MI 48198-0573
 Tele: (734) 961-1224 Fax: (734) 484-6825

I am interested in being considered as a supporting team member for a future HCI mission trip.

Please Print:

NAME (AS IT APPEARS ON YOUR PASSPORT)		PASSPORT NUMBER	PROFESSION
NURSES, PARAMEDICS: LIST CERTIFICATIONS OR MEDICAL SPECIALTIES		STUDENT OR NON HEALTH CARE PROFESSIONAL PLEASE LIST AREA OF STUDIES OR EMPLOYMENT:	HIGH SCHOOL YEAR OF GRADUATION COLLEGE DEGREE(S) OR GRAD YEAR 1. 2.
ADDRESS (HOME)	CITY	STATE	ZIP CODE
PHONE NO. (HOME)			
ADDRESS (WORK)	CITY	STATE	ZIP CODE
PHONE NO. (WORK)			
SPANISH PROFICIENCY NONE <input type="checkbox"/> SOME <input type="checkbox"/> FLUENT <input type="checkbox"/> BILINGUAL <input type="checkbox"/>	HOW DO YOU PREFER TO BE CONTACTED EMAIL <input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> <input type="checkbox"/> OTHER _____	IS THERE SOMEONE WE COULD CONTACT FOR A REFERENCE? PLEASE INCLUDE NAME AND PHONE #	
DESCRIBE ANY MEDICAL CONDITION OR ALLERGIES YOU HAVE THAT MIGHT REQUIRE SPECIAL TREATMENT ON THE TEAM TRIP			
EMAIL ADDRESS		I prefer to work with Medical team. <input type="checkbox"/> I prefer to work with Surgical Team. <input type="checkbox"/> I have no preference. <input type="checkbox"/> (please check one)	

Please write a brief statement explaining why you are interested in participating in a Medical Mission and how you found out about us.

If you have any further questions, please call us.
 Thank you for your application.

Send To:

Hope Clinic International
 P.O. Box 980573
 Ypsilanti, MI 48198-0573