



**VOLUNTEER DATA AND APPLICATION**

**Mission Location:** \_\_\_\_\_

**Mission Start Date:** \_\_\_\_\_ **Mission End Date:** \_\_\_\_\_

**Volunteers must hold a valid passport with an expiration date of at least six months past the travel dates of the mission. If the country requires a travel visa, it is the Volunteer’s responsibility to obtain same and Operation Medical will provide guidance on where to obtain the visa.**

**All licensed participants must provide Operation Medical with a copy of their current license. Other documents may be necessary and Operation Medical will reach out to you with those requests.**

**A. Personal Information:**

**B. Professional Information**

\_\_\_\_\_  
Full Name exactly as it appears on your passport

\_\_\_\_\_  
License Type MD/DO/DMD/CRNA/CRNP/RN/Other

\_\_\_\_\_  
Street address

\_\_\_\_\_  
License # / State of License

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
License Expiration Date

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Medical Specialty

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Certifications / Other

\_\_\_\_\_  
Emergency Contact Name

**C. Food and Drug Allergies:**

\_\_\_\_\_  
Emergency Contact Relationship to you

\_\_\_\_\_  
**List Food Allergies**

\_\_\_\_\_  
Emergency Contact Street Address

\_\_\_\_\_  
**List Drug Allergies**

\_\_\_\_\_  
Emergency Contact City, State, Zip

\_\_\_\_\_  
Emergency Contact Email

\_\_\_\_\_  
Emergency Contact Phone Number

Listed below are a few questions to clarify your professional experience. Please circle your response.

If you respond Yes to any of these questions, please use the comments section below to explain your response

- |   |     |    |
|---|-----|----|
| 1. Do you have Medical or Professional License Restrictions?  | Yes | No |
| 2. Have you been convicted/indicted of a criminal offense?  | Yes | No |
| 3. Have you been convicted of a felony?   | Yes | No |
| 4. Are you under investigation by any state licensing board or federal agency?  | Yes | No |
| 5. Do you have a medical condition and/or are taking any chemical substance(s) which may impair or limit your ability to participate in the mission activities? | Yes | No |
| 6. Are you currently participating in a supervised rehabilitation or professional assistant program which monitors or treats you?                               | Yes | No |

**Comments Section:**

**Next Steps:**

- Licensed Medical Professions must scan and email their current license to [executivedirector@operationmedical.org](mailto:executivedirector@operationmedical.org)
- Operation Medical Requires a \$100.00 deposit to cover incidentals for each volunteer. This can be paid via our website at [Click here to Pay your \\$100.00 Incidentals Fee](#)
- Once your travel arrangements please scan and submit itinerary detail via email to [executivedirector@operationmedical.org](mailto:executivedirector@operationmedical.org)

I, \_\_\_\_\_ certify that I am age 18 or older. I have carefully  
**Full Name**

read and freely, completed and certify that all of the information on this form is correct.

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