



VOLUNTEER APPLICATION for medical staff

Name (First) _____ (Last) _____

Address _____

City _____ State _____ Zipcode _____

Email _____

Phone _____

Volunteer positions

Anesthesiologist *Specialty, if any:* General Pediatric CNRA Other:

Ophthalmologist ECCE training? Yes No

Optician

Optometrist

Registered Nurse *Specialty, if any:* Operating room Recovery Other:

Technician *Specialty, if any:* Operating room Clinic Other:

Translator Spanish/English

Student Medical School College

Why do you want to participate on a VHI mission?

What special skills, talents or interests will you bring to this program?

Have you participated in other overseas medical programs? Yes No

Please specify any other information you want to share with us, or tell us what you want to know.

How did you hear about VHI? AAO Past participants Journal Other: _____

Please submit this form via:

eMAIL: info@visionhealth.org

MAIL: Vision Health International, PO Box 597, Grand Junction, Colorado 81502

FAX: 707.261.9004

www.visionhealth.org | 970-462-7279



Vision Health International