

# INTERNATIONAL/AMERICAN MEDICAL MISSION (IAMM), 2011

## BASIC VOLUNTEER INFORMATION

Date _____ Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone # _____ E-mail _____ Marital Status: ___ single ___ married Valid Passport? ___ yes ___ no Name <b>exactly</b> as it appears on your passport: _____ Passport # _____ Passport Expiration: Mo. ___ Day ___ Yr _____ Birth Date: Mo. _____ Day _____ Yr _____	<b>Emergency Contact</b> Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone # _____ Relationship to Volunteer _____  If you are <b>NON-medical</b> , in what ways would you like to volunteer during an upcoming mission? _____ _____ _____ _____
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## MISSION INFORMATION

## MEDICAL TEAM INFORMATION

Are you up-to-date on vaccinations? ( <i>Vital for Haiti</i> ) ____ Yes ___ No  With which mission(s) would you like to serve?  ____ <b>Haiti</b> ( <i>participation is limited and based on needs as determined by the Medical Director</i> )  ____ <b>Jamaica</b> <i>Roommate:</i> _____  ____ <b>Crusade for Christ Health Fair</b> Washington DC, Aug. 27—Sept 2, 2011  ____ I cannot travel to the “mission field” at this time, but I would like to volunteer my time and talents behind the scenes to help prepare for an upcoming mission.	I want to be part of the <b>IAMM Medical Team</b> as a: <b>DOCTOR (or DENTIST)</b> specializing in: _____ Hospital affiliation: _____ No. of years in practice: _____ ***** <b>NURSE</b> specializing in: _____ Hospital affiliation: _____ No. of years in practice: _____ ***** <b>OTHER MEDICAL:</b> _____ _____
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**PLEASE FAX TO 773-568-8884 or EMAIL to iammonline@gmail.com**  
*In your email, please type “IAMM 2011 Missions” on the subject line*