



Health Volunteers Overseas • *Improving Global Health Through Education*

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• VOLUNTEER PROFILE FORM •

PERSONAL DATA

Name (first, middle, last)

Male

Female

Work Phone

Address

Home Phone

City, State, Zip

Cell Phone

Citizenship

Year of Birth

Pager

Profession

Specialty

E-Mail

Current Professional Status & Institutional Affiliation (academic, hospital, private practice, retired, etc.)

Other Relevant Teaching/Clinical Experience

States in which you hold valid licenses/registration

Are you board certified/eligible?

Yes

No

Year _____

Have you ever had a professional license revoked/suspended?

Yes

No

If yes, please explain.

EDUCATION

Undergraduate: (Institution, Degree, Date, Area of Study)

Graduate: (Institution, Degree, Date, Area of Study)

Graduate: (Institution, Degree, Date, Area of Study)

Additional Education: (Institution, Degree, Date, Area of Study)

Internship/Residency (if applicable)

PROFESSIONAL AFFILIATIONS

Please list all professional affiliations.

PROFESSIONAL REFERENCES

This section must be completed to initiate volunteer placement. We encourage you to include the e-mail address of your references, if possible. Also, please notify your references so they are aware that they might be contacted by a representative of HVO.

1) Name	Work Phone
Title	Home Phone
Institution	Cell Phone
City	State/Province
	E-Mail
2) Name	Work Phone
Title	Home Phone
Institution	Cell Phone
City	State/Province
	E-Mail
3) Name	Work Phone
Title	Home Phone
Institution	Cell Phone
City	State/Province
	E-Mail

EXPERIENCE	<i>Please list all prior international experience.</i>		
	1) Country	Date	Sponsor
	2) Country	Date	Sponsor
	3) Country	Date	Sponsor
	4) Country	Date	Sponsor
	5) Country	Date	Sponsor
AVAILABILITY	<i>The amount of time I can volunteer would be (check largest possible number)</i>		
	<input type="checkbox"/> 2 weeks or less <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months		
	Date preferred	Alternate dates	
LOCATION	Specific region(s) of preference		
	Country of preference	Not willing to serve in	
COMPANIONS	<i>I wish to be accompanied by</i>		
	<input type="checkbox"/> Spouse (list name)	<input type="checkbox"/> Children (list ages)	<input type="checkbox"/> Other (list name)
	Would your companion be interested in serving in a volunteer capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity?		
	Your companion will be expected to join HVO and may need to complete a Volunteer Profile Form.		
OTHER	<i>How did you hear about Health Volunteers Overseas?</i>		
	Completion of this form is the first step in the volunteer placement process and does not guarantee an assignment. Depending on the specific requirements of each site, you may be asked to submit additional documentation in order to continue the placement process.		

