

New Participant Application - 2018

Due Date: 05/01/2018 (E-mail to Ria Gozon at ria.gozon@vhcmedicalbrigade.org)

Revised 3/8/2018

Last Name: First Name: Address: State: _____ Zip Code: City: _____ Cell Phone: _____ E-mail Address: Home Phone: _____ Work phone: ____ Date of Birth: Occupation: Where do you work? _____ **Emergency Information** Emergency Contact: Relationship: _____ E-mail Address: _____ Cell Phone: Work phone: Home Phone: **Volunteer Responsibilities** Pre-trip and post-trip activities are critical to the success of the Brigade. All participants are requested to participate in stateside volunteer opportunities addition to in Honduras. Please indicate activities you would be interested in. Previous experience is not required in many areas! **Stateside Opportunities Supply Solicitor** Fund Raising Solicit donations of needed items: Leader Medications Team Member Medical supplies & Equipment Personal care items (toiletries) Special Events ____Recycling Extravaganza Other (linens, shoes, etc.) ___Leader **Warehouse Worker** Team member Donor Appreciation Party Planner Materials handler (packing & sorting) ___Leader Pick up Supplies Leader Team member Team Member **Correspondence (Organize Mailings)** Information Technology Leader __Team Member Inventory Data Coordinator Data Entry Specialist **Recycled Eyeglass Processing** Leader Team Member

Honduras Trip Opportunities

Healthcare Providers: AudiologistDoctorNP/PANurseOphthalmologistOptometristPhysical TherapistSurgeonOther (specify)			OtherPhotographer (image selection/pnBlack trunk coordinator (packing / Support Personnel:Patient Flow CoordinatioFood ServiceInterpreterSupply/Warehouse	tracking)
NOTES:				
(1) Are you a Spanish speaker?YesNo If yes, please describe level of fluency:				
(2) Are you a Virginia Hospital Center Staff Member?YesNo(3) You must have a valid passport that will not expire within 6 months of our return to the US (in June of the year following the trip). Immunizations for hepatitis A&B, typhoid, tetanus, and prophylaxis for malaria are recommended by the CDC.				
Additional Information				
(1) Do you have previous experience in mission or other related work that may be useful in the Brigade? If so, please describe.				
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Date	Initials		Comment	Expiration