

Vision Health



PO Box 597
Grand Junction, CO 81502
Tel: (877) 689-2981
Fax: (707) 261-9004

Field Program Application

Please complete and mail to Vision Health International with a \$50 non-refundable application deposit, copy of your current medical license, curriculum vitae, and copy of photo page of your passport.

For office purposes only. Date Received _____ App. Fee \$ _____
____ License ____ CV ____ Passport Copy Deposit \$ _____

GENERAL INFORMATION

Name _____ Home phone (____) _____
Address _____ Work phone (____) _____
____ ZipCode _____ Fax (____) _____
Email _____ Birthdate _____

Present occupation: _____ Specialty: _____

For surgeons: Subspecialty and surgical reference(s): _____

Highest degree obtained: _____ Year: _____ Glove size and type _____

Languages other than English: _____

Are you a US citizen? ☐ Yes ☐ No If no, country of citizenship _____

Passport number _____ Place and date of issue: _____

Expiration date _____

If you have participated in previous VHI missions, please list the country(s) and year(s):

EMERGENCY INFORMATION

Please list the name and address of a person to notify in case of emergency. This must be someone NOT traveling with you in-country.

Name _____ Day phone (____) _____

Address _____ Evening phone (____) _____

____ Relationship _____

Health insurance carrier: _____ Policy number: _____

Applicant's signature: _____ Date _____

NARRATIVE INFORMATION

1. How did you hear about Vision Health International?

2. Why do you want to participate on a VHI mission?

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

4. Have you participated in other overseas medical programs? ☐Yes ☐No

If yes, please list the countries and dates of service and briefly describe the program.

5. Please provide us with one professional reference and one personal reference we may contact for application purposes only. Please list names with day and evening telephone numbers. *By giving us their names, you authorize VHI to contact these individuals.*

Professional reference

Personal reference

6. Do you have any other information you would like to include with this application?

Thank you for your application to Vision Health International.

Vision Health International Agreement and Release

I agree that I will adhere to the same high standards of ethics and professional behavior during my involvement with Vision Health International (VHI) as I adhere to in my regular practice in the United States, subject to the conditions, facilities and equipment available.

I acknowledge that

1. During my foreign travel and work with VHI, I may be exposed to various health risks including hepatitis, HIV and other diseases. Vision Health International recommends that I determine and seriously consider following established public health guidelines and recommendations regarding immunizations and other protective measures for healthcare workers.
2. VHI has made no arrangements for my medical care or for medical insurance during my travel and work with VHI.
3. Travel abroad poses risks to my person and my possessions for which VHI takes no responsibility and for which VHI carries no insurance.

I hereby release VHI, its officers, directors, employees and agents from any liability for sickness, injury or loss that I may suffer during my travel and work with VHI, and I agree to hold them harmless from claims resulting by others resulting from my professional errors or omissions.

Print name _____ Date _____
(volunteer)

Signature _____
(volunteer)

Country of Service: _____