



VOLUNTEER APPLICATION

Please print clearly!

Name as it appears on Passport:

Telephone:

Airport for Flights:

Address:

Email:

Passport Number & Date of Expiration:

Country of Issue if not United States:

Please indicate your level of proficiency in Spanish:

bilingual *fluent* *conversational* *basic* *none*

Please check if appropriate:

I am a *physician (specialty: _____)* *dentist (specialty: _____)*
 nurse (specialty: _____) *dental hygienist*
 dental assistant *pharmacist*
 other medical/dental professional (please specify: _____)

If a student, please indicate:

professional school *college* *high school:* _____ *[year]*

Name of person who referred you to our program: _____

Upcoming trip in which you are interested: January _____ June _____ October _____

Fees and Travel Information

A \$300 program fee covers hotel accommodations [first and last nights], all meals, and all local transportation in the Dominican Republic. The fee is refundable until two weeks prior to the date of departure in the case of cancellation. Within the two weeks prior to departure, the fee is not refundable due to financial commitments made on behalf of the volunteers.

Because of the remoteness of our clinic and in consideration of local travel arrangements, all volunteers must arrive and depart within certain "windows" of time and travel together. Volunteers pay for the cost of their transportation to and from the Dominican Republic; the program makes the flight arrangements for the entire group, sometimes at discounted fares. Flight options and costs are provided to the volunteer before tickets are purchased. West coast volunteers usually have to depart the night before the start of the trip.

When flights are booked, you will be notified of the cost, and the balance due for your flights should be submitted. In the case of cancellation, airline policies apply to the volunteer: once the volunteer's airline ticket has been purchased, penalty fees assessed by the airline are passed on to the volunteer with all of the remainder of the fare refunded by the airline also returned to the volunteer.

Once your participation is confirmed, you will be asked to sign and return a "Volunteer Release" form. The \$300 program fee is sent to the organization along with the release form. *Dentists, physicians, nurses, hygienists, and other medical/dental professionals: the Dominican government requires a photocopy of your current professional license. Please also send a copy with the other items.*

Please return this form to 208 32nd Avenue, Seattle, WA 98122. If you have questions about our program or the trip, please contact Frank Brightwell, Director, at 301-941-1255 or fbrightwell@hotmail.com.

Somos Amigos Medical Missions is recognized by the IRS as a 501c3 non-profit public charity, and we rely on the generosity of individuals, foundations and corporations to help us make our work possible.

*Thank you for your interest in joining us.
Our Federal Tax ID Number is 77-0553014.*

somos amigos medical missions
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