



VOLUNTEER APPLICATION
Please print clearly in "B L O C K" letters... thank you!

Full Name as it appears on Passport:

Telephone:

Email:

Address:

Passport Number & Date of Expiration:

Country of Issue if not United States:

Date of Birth (required to book flights):

Gender (required to book flights):

Please indicate your level of proficiency in Spanish or Haitian Creole (circle language):

bilingual fluent conversational basic none

Please check if appropriate. I am a:

physician (specialty: _____) dentist (specialty: _____)
 nurse (specialty: _____) dental hygienist NP
 dental assistant PA pharmacist

If a student, please check and provide details:

professional school (type?) college high school (juniors and seniors only)

How you learned of Somos Amigos or name of person who referred you: _____

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

Fees and Travel Information

Volunteers pay their own airfare plus a \$300 program fee that covers accommodations, meals, and 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. Do not send the program fee until your participation is confirmed. Information on flight bookings is provided with confirmation of your participation; airfare for flights booked on behalf of volunteers is not refundable.

Once your participation is confirmed, you will be asked to sign and return a "Volunteer Release" form as well as agree to abide by the organization's policies and procedures. *Dentists, physicians, nurses, hygienists, and other medical/dental professionals: the Dominican Public Health officials will require a photocopy of your current professional license, a photocopy of the face page of your passport, and a copy of the email confirmation from the airline with which your flights are booked.*

Please return this form to 208 32nd Avenue, Seattle, WA 98122; you can also scan the form and email it to the address below, or you can fax it to 877-349-6979. If you have questions about our program or the trip, please contact Frank Brightwell, Director, at 408-960-5366 or frank@somosamigos.org.

Somos Amigos Medical Missions is recognized by the IRS as a 501c3 non-profit public charity.
We rely on the generosity of individuals, foundations and corporations to help us make our work possible.
Our Federal Tax ID Number is 77-0553014.
Thank you for your interest in joining us.

somos amigos medical missions
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