

**INTERNATIONAL AID / CHRISTIAN EYE MINISTRY
VOLUNTEER APPLICATION FORM**

NAME _____ E-MAIL _____

ADDRESS (HOME) _____

ADDRESS (WORK) _____

PHONE (H) _____ (W) _____ FAX _____

DATE OF BIRTH _____ NAME OF SPOUSE _____

CHECK IF APPLICABLE:

OPHTHALMOLOGIST _____ SUB-SPECIALTY (SPECIFY) _____

RESIDENT _____ OPTOMETRIST _____ NURSE _____ OR TECH _____

OPHTHALMIC TECH _____ OTHER _____ (SPECIFY) _____

MEDICAL / OTHER SCHOOL (OR TRAINING) _____

PLACE OF OPHTHALMIC TRAINING _____

BOARD ELIGIBLE? CERTIFIED? OTHER CERTIFICATION? _____

ARE YOU AN AMERICAN ACADEMY OF OPHTHALMOLOGY MEMBER? _____

LIST CERTIFICATION / MEMBERSHIPS IN OTHER PROFESSIONAL OPHTHALMOLOGY ORGANIZATIONS: _____

PRIOR OVERSEAS EXPERIENCE (EXPLAIN) _____
(USE REVERSE SIDE IF NECESSARY)

HOW DID YOU HEAR ABOUT CHRISTIAN EYE MINISTRY? _____

ARE YOU BRINGING FAMILY / STAFF WITH YOU? (IF SO LIST) _____

RELIGIOUS PREFERENCE / DENOMINATION _____

PASTOR'S NAME _____ PHONE _____

ADDRESS _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

PLEASE SUPPLY 2 (TWO) MEDICAL REFERENCES:

NAME _____

ADDRESS _____

PHONE _____

NAME _____

ADDRESS _____

PHONE _____

PLEASE DESCRIBE WHAT MOTIVATES YOU TO APPLY FOR VOLUNTEER SERVICE WITH CHRISTIAN EYE MINISTRY:

I RECOGNIZE THAT I AM MAKING THIS TRIP VOLUNTARILY AT MY OWN EXPENSE AND THAT CEM AND THE AFFILIATED CLINICS ARE NOT LIABLE FOR ANY ACCIDENTS AND/OR MISHAPS, EITHER TRAVELING TO OR FROM OR WHILE WORKING AT A CEM CLINIC. HOWEVER, CEM HAS PLEDGED TO SUPPORT ME IN EVERY WAY POSSIBLE SO THAT I WILL BE ABLE TO FUNCTION IN A PROFESSIONAL AND EFFECTIVE MANNER TO THE BEST OF MY ABILITY.

SIGNATURE

DATE