



## Medical Volunteer Application

### Required Documents

Please submit copies of the documents listed below with your application

Board-Certified	Residents/Fellows	Nurses/Technicians
<ul style="list-style-type: none"> <li>• Board Certification</li> <li>• Curriculum Vitae</li> <li>• Fellowship Certificate (if applicable)</li> <li>• Medical Diploma</li> <li>• Medical License(s)</li> <li>• Passport Bio Page</li> <li>• Residency Certificate</li> <li>• Statement of Understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Curriculum Vitae</li> <li>• Medical Diploma</li> <li>• Passport Bio Page</li> <li>• Residency Certificate (if applicable) or Experience Report</li> <li>• Statement for Understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Curriculum Vitae</li> <li>• License/Certification</li> <li>• Passport Bio Page</li> <li>• Statement for Understanding</li> </ul>

### Applicant Details

#### Personal Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP (Postal) Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Business Information

Check if retired

Business Name: \_\_\_\_\_ Website: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP (Postal) Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address preferred for correspondence:  Home  Work

#### Type of Employment

County/Public Hospital
  Hospital
  Military
  Nonprofit Org.
  Private Practice
  University

## Occupation

Anesthesiologist    Nurse    Ophthalmologist    Optometrist    Technician    Other \_\_\_\_\_

## Sub-Specialties

Cataract    Cornea and Anterior Segment    Oculoplastic    Glaucoma    Strabismus/Pediatrics  
 Pterygium    Comprehensive Ophthalmology    Retina/Uveitis    Pediatrics    Other \_\_\_\_\_

## Medical License(s) Information:

**License 1**   License Number: \_\_\_\_\_   State: \_\_\_\_\_   Expiration Date: \_\_\_\_\_

**License 2**   License Number: \_\_\_\_\_   State: \_\_\_\_\_   Expiration Date: \_\_\_\_\_

**License 3**   License Number: \_\_\_\_\_   State: \_\_\_\_\_   Expiration Date: \_\_\_\_\_

## Shirt Size

S    M    L    XL    XXL

## Glove Size

6    7    8    9    1/2

Languages Spoken: \_\_\_\_\_

## Region(s) of Interest (select all that apply)

Africa    Americas    Asia    Caribbean    Oceania    United States

## Emergency Contact Information

### Primary Emergency Contact

Name: \_\_\_\_\_   Relationship: \_\_\_\_\_   Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_   Relationship: \_\_\_\_\_   Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Privacy Policy

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