

DDS4KIDS Humanitarian Organization
Short-Term Volunteers
Information Form

Attach 2X2 Passport Photo Here Please

NOTE: All volunteers are expected to provide their own financial support.
Please print clearly.

Last Name: _____ First name: _____ Middle name: _____
Prefer to be called: _____

Home address: _____
Street City State Country

Date of Birth: _____ Place of birth: _____

Passport Number: _____ Citizenship of Country: _____

Marital status: _____ Spouse name: _____ Number of children: _____

Home phone: _____ Business phone: _____ Cell phone: _____

Fax number: _____ Email address: _____

Education: _____ Degree: _____ Date Received _____

Please send a copy of your present license/certificate.

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Skills you can contribute on the team: _____

Foreign language spoken: _____

Current employer: _____ Position: _____

Date employed: _____

Address: _____
Street City State Country

Retired? Yes _____ No _____

General Health : Excellent ____ Good ____ Fair ____ Poor ____

Medication taken: _____

Special food needed: _____

Do you enjoy camping, hiking, biking, outdoor activities? _____

Can you tolerate hot humid weather? _____

List countries and dates of previous overseas volunteer service: _____

List date and country you are interested in volunteering: Vietnam _____ Zambia _____

Explain: _____

Permanent contact person:

Name: _____ Relationship : _____

Address: _____

Street

City

State

Country

Home phone: _____ Business phone: _____

Responsibility Release

I understand that if I so desire, I will acquire my own personal medical and disability insurance coverage effective overseas during the period of my volunteer service. If I accept a term of volunteer service I wish to make clear my understanding that DDS4Kids do not assume responsibility of loss of property, damage to the same, personal harm of illness that may come, and I, for myself, my heirs, executors, administrators, distributes and assigns, inconsideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said DDS4Kids and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing.

Signature _____ Date _____

Print full name: _____

CONTRIBUTION:

Due to the limited space on the team and the advance time for sign-up and detail planning for each trip, your deposit will guarantee your space on the first come first serve basis. After reviewing your application, we will contact you regarding your acceptance.

Please send us:

- Deposit for the 2009 trip (non refundable contribution): \$100.00 with your application.
- Completely filled-out, dated and signed application form.
- A copy of your passport and an extra passport photo for visa application, not snap shot of you please.
- A copy of your license (health professionals only).

The remaining of your total cost of the trip will be needed after you have been approved to be on the team. For volunteers living outside of the US, you must purchase your international airline tickets from your hometown.

THANK YOU FOR JOINING OUR TEAM FOR A LIFE CHANGING EXPERIENCE

Send to: Dr. Lan Jones, 5601 Western Avenue, Knoxville, TN 37921-3238, USA