

**DDS4KIDS Humanitarian Organization  
Short-Term Volunteers  
Information Form**

Attach 2 Passport  
Photos Here

**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 – Zip Code 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-Zip Code 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: \_\_\_\_\_  
\_\_\_\_\_

Reasons for wanting to join DDS4kids.org: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanent contact person:**

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

Address: \_\_\_\_\_  
Street City – Zip Code 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 organization does 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: \_\_\_\_\_

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**Please send us:**

- Completely filled-out, dated and signed application form.
- A copy of your passport and 2 passport photos for visa application, not snap shot of you please.
- A copy of your license if you are a doctor -DDS, DMD, MD.
- A non-refundable one-time contribution of \$100.00 per person with your application. There is no guarantee that space is available for the trip requested, but the \$100.00 contribution will be applied toward your trip cost once your application is reviewed and approved.
- An email to let us know that your application is on the way, including a short paragraph about yourself and your aspiration to be a volunteer. We make every effort to put together a compatible team of volunteers, the more we know about you, the better we can assist you.

I \_\_\_\_\_ fill out this application myself with all correct information and agree with all the term and condition required by DDS4Kids.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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