2018 Ethiopia Application

NAME: _____PHONE: _____

E-MAIL ADDRESS: _____ DOB _____

ADDRESS: _____

PHONE (home):_____ PHONE (cell):_____ PHONE (wk):_____

PROFESSION: _____

VOLUNTEER ACTVITIES: _____

SPECIAL SKILLS/TALENTS YOU WOULD LIKE TO SHARE (ie photographer, musician, foreign language):

_____

EMERGENCY CONTACT WHILE ON TRIP:

NAME:_____ RELATIONSHIP TO YOU:_____

PHONE (home):_____ PHONE (cell):_____ PHONE (wk):_____

E-MAIL ADDRESS: _____

ADDRESS:_____

_____

PLEASE LIST ALL MEDICAL CONDITIONS THAT YOU ARE UNDER DOCTORS CARE FOR:

_____

_____

MEDICATIONS CURRENTLY TAKING: _____

_____

ALLERGIES: _____

SPECIAL DIETARY RESTRICTIONS/NEEDS_____

DO YOU AGREE TO TREATMENT BY MEDICAL STAFF IF AN EMERGENCY ARISES? _____

DATE OF LAST TETANUS SHOT: _____

(Please check with your local travel clinic to determine whether other vaccinations are required OR recommended for travel to Addis Ababa, Ethiopia)

MEDICAL INFORMATION WILL BE KEPT CONFIDENTIAL.

CURRENT PASSPORT NUMBER _____

PLEASE SUBMIT A COPY OF YOUR PASSPORT

(Passports must be valid for 6 months beyond the trips dates.)

CLOSEST/PREFERRED AIRPORT_____

MEDICAL PROVIDERS ONLY:

IF YOU ARE AN MD, PA, NP, RN, LPN, OR OTHER TYPE OF LICENSE MEDICAL PERSONNEL,

PLEASE ATTACH COPY OF YOUR CURRENT LICENSE.

Why are you interested in this short-term medical brigade?

Is this your first time on a humanitarian trip? _____. If no, describe previous humanitarian travel experience:

How has your experience prepared you for this trip?

(if you need more space, please write on the back)

Traveling and working overseas demands the adaptability to differences (e.g. language, food, standards of house, privacy, time zones etc). How has your experience prepared you for coping with these differences?

Signature_____ Date _____

If you have any questions regarding this application, please call Stacy Segebarth at 417-588-6265
E-MAIL: info@outoftheashesinc.org

EMAIL, FAX OR MAIL THIS FORM BACK

info@outoftheashesinc.org

FAX 417-532-9815

Out of the Ashes, Inc.

Attn: Stacy Segebarth

PO BOX 1928

Lebanon, MO 65536

Medical Providers may direct questions related to credentials, licensure and scope of practice to Lori Anderson-Printy at 1-330-328-9256 or E-MAIL: loriprinty@gmail.com