



St. Boniface Haiti Foundation

400 NORTH MAIN STREET ♦ RANDOLPH, MASSACHUSETTS 02368 ♦ 781-963-7243

www.haitihealth.org

Health Care Professional Volunteer Form

Section 1: Personal Information:

Personal information:

First name:	Middle name:	Last name:
Home phone #:	Cell phone #:	Date of birth:
Home address:	City:	Zip Code:
Primary email address:		
Do you have a United States Passport: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Passport #:	Date of Expiration:	

Emergency Contact Information:

Name:	Relationship:
Primary Contact #:	Secondary Contact #:

Section 2: Professional Information:

Medical Profession & Employment Status:

<input type="checkbox"/> Medical Doctor	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Dentist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Mental Health Worker	<input type="checkbox"/> Other _____
<input type="checkbox"/> full time	<input type="checkbox"/> part time	<input type="checkbox"/> on call	<input type="checkbox"/> not employed	<input type="checkbox"/> retired	<input type="checkbox"/> student

Specialties & Experience:

Please list area/s of medical specialty:

Please list the health care settings you have worked in:

Please list international work/volunteer experience:

Please list emergency response training and experience:



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Section 3: Professional Licensure & Certifications:

Are you currently credentialed by a professional board?

Yes No

If yes, identify the primary license, registration, or certificate you hold:

Primary license, certification, or registration #:

Expiration date (mm/dd/yyyy):

Section 4: Field Availability:

Would you be willing to travel to Haiti as an individual? Yes No

Would you prefer to travel to Haiti with a team? Yes No

How long would you be able to volunteer in country? 1 Week 2 Weeks 1 Month More than 1 Month

When would you be available to depart? _____

Languages Skills...

ENGLISH Limited proficiency Intermediate ability Fluent

FRENCH Limited proficiency Intermediate ability Fluent

HAITIAN CREOLE Limited proficiency Intermediate ability Fluent

Please describe the educational and/or work background you have that is relevant to volunteering with St. Boniface:

How did you hear about the opportunity to volunteer with St. Boniface Haiti Foundation?