



# Medical Mission Volunteer Application

If you would like to know more about volunteer opportunities with our Ethiopia Medical Mission, please complete the information below and return this form to the email or address provided.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Training(s): \_\_\_\_\_

Specialty: \_\_\_\_\_

Number of Years in Practice: \_\_\_\_\_

Board Certification:      YES      NO

Hospital Affiliation(s) [including city/state]: \_\_\_\_\_

Do you have previous experience with international medical missions?      YES      NO

If yes, please describe:  
\_\_\_\_\_

Please return completed with a copy of a current curriculum vitae, medical license and passport to:  
[medicalmission@whfc.org](mailto:medicalmission@whfc.org)

or  
WHFC Medical Mission  
375 Totten Pond Road, Suite 400  
Waltham, MA 02451