

Volunteer Participation Form



Please note: There is a **\$250 fee for each volunteer experience**. The funds go back to communities we serve. The final page of this form includes submission instructions.

I. Expedition Information

Please leave this section blank if you have not yet defined a trip date with our team.

Project: _____

Trip Dates _____ **Location:** _____

Team Leader: _____

II. Personal & Travel Information

Full Name (as it appears on passport): _____ **Preferred Name:** _____

Home Address: _____

Phone: _____ **Email:** _____

Date of Birth: _____ **T-shirt Size:** Small Medium Large XL XXL

Passport Number: _____ **Passport Expiration Date:** _____

Emergency Contact (EC) Information

EC Name: _____ **EC Relationship:** _____

EC Home Phone: _____ **EC Email:** _____

EC Cell Phone: _____ **EC Address:** _____

Employment/Education Information

Employer/Educational Institution: _____

Address: _____

Job Title or Description: _____



III. Health Information

Do you have any significant health problems? If so, please describe:

Have you been treated by a physician within the last year for an issue that may limit your ability to adapt to the high altitude, environment, or work project? If so, please describe:

Do you anticipate any physical problems during this expedition? If so, please explain:



IV. Medical License Information

License Type (medical, RN, PA): _____

Health Provider License State: _____

License Number: _____

License Expiration: _____

Other licensure (if applicable): _____

Language Capabilities

Spanish Skills: ___ None ___ Basic/Survival ___ Conversational ___ Fluent

Skills & Experience

Please list the skills and talents you will bring to the volunteer experience:

Have you ever worked or volunteered in a developing country? Please explain:



V. Goals & Interests

Please tell us about why you chose to join this volunteer experience. (How did you hear about this opportunity? Etc.):

Please tell us about the goals you wish to achieve during this volunteer experience (Goals may relate to work, learning, cultural experience, language, sightseeing, or anything else that is important to you!):

Please share with us any specific interests, concerns, or comments you have that might help us in planning the best possible expedition for you and your team.



VI. SUBMISSION INSTRUCTIONS

Thank you for completing your Saving Mothers Volunteer Participation Form! Please read the following instructions carefully.

Please submit the following:

- ✓ Volunteer Participation Form
- ✓ CV
- ✓ copy of your health provider license
- ✓ copy of your passport

Forms and documents may be submitted in one of the following ways:

- **Email** to information@savingmothers.org. Include the words "Volunteer Participation Forms" in the subject line of your email.
- **Mail** to Saving Mothers:

Saving Mothers
555 Madison Ave
Suite 513
New York, NY 10022

For questions, or confirm the receipt of your materials, please contact us at information@savingmothers.org