

**Application for Volunteering with Sionfonds for Haiti
Medical trip April, 13-18 2008**

Name _____
First Last

Home Address _____

City State/Province _____

Zip/postal code _____

Country _____

Work Address _____

City State/ _____

Zip/postal code _____

Telephone H _____
W _____

E-mail _____

Fax () _____

Non health professionals (circle or highlight area of interest)

**public relations construction fundraising grant
writing clerical computer skills education
translating professional writing accounting skills**

Specialty _____

years of practice _____

Professional organization affiliations

Health professionals (circle/highlight)

**physician* physical therapist nurse dentist
oral surgeon NP/PA* other***

***Indicate specialty** _____

School _____

Degree/year _____

Professional organization affiliations

Area of interest for this trip _____

Native language? _____

Fluent in other languages? _____

Please send, or e-mail a copy of any professional licenses and certifications along with a resume to:

Sionfonds

PO Box 79

Canyon Ca, USA

94516

**Questions contact us at ablackstone@sionfonds.org
or phone 510-301-0705**