



---

1042 Sixth Avenue North • Naples, FL 34102  
(239) 434-7183 • fax (239) 434-2839  
www.hopeforhaiti.com • info@hopeforhaiti.com

**MEDICAL PROFESSIONAL INFORMATION**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

UNIVERSITY AND DEGREE: \_\_\_\_\_

INTERNSHIP LOCATION(S): \_\_\_\_\_

SPECIALIZATION: \_\_\_\_\_

PLACE OF PRACTICE: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

WHAT INTERESTS YOU ABOUT VOLUNTEERING ON MEDICAL MISSIONS WITH HOPE FOR HAITI?

---

---

---

---

---

MONTH(S) OF AVAILABILITY TO TRAVEL ON MISSIONS: (please circle)

January	February	March	April	May	June	July
August	September	October	November	December		

ANY RESTRICTIONS TO TRAVEL? \_\_\_\_\_

---