



Jewish Healthcare International

JHI – Application Form: Please type or print in BLOCK letters

Personal Data					
Name (first, middle, last)				Email	
Home Address				Home Phone ()	
City	State	Zip	Country	Cell Phone ()	
Business Address				Business Phone ()	
City	State	Zip	Country	Fax Number ()	
Date of Birth		Citizenship		Male or Female	
Passport #		Passport Expiration Date		Religion	
Person to be notified in case of Emergency:					
Name:				Relationship:	
Address:				Home Phone ()	Other Phone ()
Educational Background (please include all degrees conferred, internships, residencies, etc.)					
College/ Institution	City, State	Degree	Date	Major/ Primary Specialty	Minor/ Secondary Specialty
Current Medical Specialty:					

Are you Board Certified? Yes/ No If no, what is your eligibility status?
State(s)/Country in which you hold valid licenses/registration:
If applicable, do you have any reservations about us checking the (US) National Practitioners Data Bank? Yes No If yes, please explain:
Medical or other Professional Appointments/ Affiliations:
Please indicate any medical conditions you might have and/or medication you may be taking:
Prior International Experience and Language Skills:
Community/ Volunteer Experience:
Briefly indicate why you are interested in volunteering with JHI and in what capacity: (If you need more space, please feel free to use additional paper.)
How did you hear about JHI?
Do you have any special dietary requirements? (ie: vegetarian? strictly kosher?)
Are you shomer shabbat?

Please mail, email or fax application and current CV to:

Jewish Healthcare International

Attn: Julie Kaminsky, Assistant Director

1440 Spring Street, NW,

Atlanta, GA 30309-2837

Phone: 404-873-1661 x 702

Fax: 404-874-7043

Jkaminsky@jfga.org

<http://www.jewishhealthcareinternational.org>