

VOLUNTEER APPLICATION

GANSU, INC

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Health:

The mission of GANSU, INC is to provide eye care through teaching and surgery to the underserved people living in the remote areas of several provinces in west China and Tibet. Some parts of these provinces are at very high altitude and some of the passes required in traveling to these areas exceed 12,000 feet. In addition to potential health difficulties related to the altitude, general health and sanitation norms are well below the standards expected in the United States. Medications may be difficult or impossible to obtain in a timely fashion.

Please answer the following questions in the context of the above prefacing statements.

Do you take any prescription medications on a regular basis? Yes _____ No _____

If "Yes", what? _____

Do you have a medical condition that might place limitations on your work in circumstances such as outlined in the prefacing paragraph above? Yes _____ No _____

If "Yes", please explain _____

Occupation:

Profession: _____ Specialty: _____

Board Certification: _____ Year: _____

Licensing: _____
State or Province

Present position or occupation: _____

References: Please provide the names, addresses, and telephone numbers of two people who know you in a **professional** capacity, as well as the same data for two non-family members, other than your pastor, who we can contact for **personal** reference.

Person to notify in case of emergency:

Name: _____ Relationship: _____

Address: _____

Daytime Phone: () _____ Evening Phone: () _____

Volunteer Information:

Previous experience in foreign countries: _____

Length of time you can volunteer: _____

Dates available: From _____ To _____

Alternate dates: From _____ To _____

Use a separate sheet of paper and write a short narrative indicating the following:

1. How you learned of GANSU, INC.
2. What you feel you could best contribute to its work.
3. What would be your **personal** goals from involvement with GANSU, INC?
4. What would be your **professional** goals from involvement with this mission?
5. Include a statement of your conversion experience, your spiritual beliefs, and what **spiritual** goals could be realized from affiliation with this China project.

All Volunteers Must Return This Completed Form with: a **copy of the photo and informational page of your passport**, your **list of references**, the **answers to the above questions**, a **copy of your State or Province Professional License** (Medical professionals only) and your **Curriculum Vitae** (Doctors only).

You can send this information by email but we must have the original application sent to the office. See the addresses listed on the front page of this application.

Signature: _____ Date: _____