



## Medical/Nursing Volunteer Application

Thank you for your interest in becoming a Kybele volunteer. Kybele is a non-profit 501(c)3 humanitarian organization dedicated to improving childbirth conditions worldwide through medical education partnerships. In order to organize the growing number of interested potential volunteers, we ask that you fill out the following information for our records. You may send your completed application and CV to the following:

**Kybele, Inc.**  
**Attention: Lynn Snyder, Program Coordinator**  
**Office of Global Health**  
**Wake Forest University School of Medicine**  
**2<sup>nd</sup> Floor, ARIC Building**  
**Winston-Salem, NC 27157**

or emailed to **Kybele@wfubmc.edu**

Questions? Contact Lynn at **336-713-9182**. Fax – **336-713-9194**

Country/Trip you are applying for: \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### General Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Citizenship(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Sex:  Male  Female

### Work Information

Hospital Affiliation:  Academic  Private Practice  Full-Time  Part-Time

What percent (%) of your practice involves care to pregnant women or newborns? \_\_\_\_\_

Work Hospital Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

### Emergency Contacts

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Alternate Phone: \_\_\_\_\_

## Health Information

I would consider my current health status to be:  Excellent  Good  Fair

List any medical conditions: \_\_\_\_\_

List any allergies: \_\_\_\_\_

## Education

Undergraduate College: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Medical School: \_\_\_\_\_ City/State: \_\_\_\_\_

Nursing School: \_\_\_\_\_ City/State: \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Residency: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

## Supplemental Questions

Do you have past international medical experience or other special talents? \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Why do you want to participate in Kybele? \_\_\_\_\_

List a **Kybele Team Member reference** who may be contacted: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone/Alternate Phone: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

## Required Documentation

Along with this application, please **include a copy of your CV/Resume**.

The following documents will be required should you be accepted to participate on a Kybele Program. You do not need to send these documents at this time, but will be notified if they are needed upon your acceptance. Please forward this application and CV only as your initial inquiry.

- **Copy of passport**
- **Copy of M.D./R.N. diploma (notarized)**
- **Copy of post-graduate residency training certificate (notarized)**
- **Copy of state medical license**

Thank you again for your interest in Kybele international programs. We will keep your confidential information on file for our use only. Your information will not be shared with parties outside of Kybele.