

PLEASE NOTE: Volunteers who are not medical personnel serve RAM in many valuable support roles. However, it is necessary to fill all expedition teams with professional providers first. Therefore, all students or non-medical applicants for field operations are required to recruit an MD, OD or DDS to accompany them. (Rules vary for veterinary applicants.) Due to a high volume of mail and a small staff, we are unable to acknowledge receipt of all applications. For further details on specific missions, please call the RAM office at 865-579-1530.

## REMOTE AREA MEDICAL VOLUNTEER APPLICATION

PLEASE TYPE OR PRINT CLEARLY

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_ WORK PHONE \_\_\_\_\_

\_\_\_\_\_ FAX NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ REFERRED TO RAM BY \_\_\_\_\_

PROFESSION / SPECIALTY (IES) \_\_\_\_\_

CERTIFICATE / LICENSE #s \_\_\_\_\_ DEA # \_\_\_\_\_

HAVE YOUR PROFESSIONAL PRIVILEGES EVER BEEN SUSPENDED / REVOKED / RELINQUISHED? \_\_\_\_\_  
(If yes, please attach a one page explanation of the situation and its resolution.)

TYPE(S) OF VOLUNTEER SERVICE(S) YOU OFFER \_\_\_\_\_

EXPEDITION OR DESTINATION OF PARTICULAR INTEREST \_\_\_\_\_

*Please refer to the RAM schedule elsewhere in this website.*

FOREIGN LANGUAGE (S) \_\_\_\_\_ PASSPORT # \_\_\_\_\_

PASSPORT EXPIRATION DATE \_\_\_\_\_ PLACE PASSPORT ISSUED \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE # 1 \_\_\_\_\_ PHONE # 2 \_\_\_\_\_

BLOOD-BORNE PATHOGENS TRAINING IS REQUIRED FOR ALL REMOTE AREA MEDICAL VOLUNTEER MEDICAL PERSONNEL.

I hereby certify that I have completed a training / educational program dealing with the risks of exposure to blood-borne pathogens and methods to prevent exposure.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

### RELEASE AND INDEMNIFICATION

I hereby release and indemnify Remote Area Medical, Inc., which is a non-profit corporation, and all its respective officers, directors, agents, contractors, employees, heirs, successors and assigns from prosecution or presentation of any claim for bodily injury or death or for property loss or damage incurred in connection with Remote Area Medical, Inc., expeditions or related activities. Intending to be legally bound, I have hereunto set my hand this

\_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature

Please mail completed application, an updated resume, photocopies of current licenses or certificates (if applicable), and a passport size photograph to: REMOTE AREA MEDICAL, 1834 BEECH STREET, KNOXVILLE, TN 37920.