



u.s. international health alliance

Application

Date received Application:

\$50 Application Fee Paid:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

1. Besides English, what languages can you understand and speak? How many years?

2. Please list any medical problems, allergies, which might affect your participation in the program as well as any special dietary requirements.

3. Rank the following aspects of an U.S. IHA experience in order of priority for you:

- _____ Medical experience _____ Working with the poor
- _____ Social justice exposure _____ Non-medical service
- _____ Cultural experience _____ Interaction/bonding with other participants

3. Please answer the following questions either one by one or in a single essay.

- Why are you interested in going on an U.S. IHA trip? What do you hope to gain from the experience
- Please describe yourself as a person, including skills and training appropriate for the U.S. IHA experiences.
- While we do not require a specific faith, we do ask that participants be open to some form of spiritual practice/personal introspection. Please describe your faith/spirituality at this point in your life. How is it connected to your desire to do service?
- Have you had service or educational experiences with people of a culture or ethnic background different from your own? If so, please describe what you learned from one experience.

4. Please list, in order of preference, your first, second and third choice for the months that you will be available.

To complete your application, please submit recommendations from someone who has been a supervisor, college professor, or a personal mentor and can comment on your suitability for an U.S. IHA experience. A separate form is enclosed.

Name: _____ Relationship _____

Contact Information _____

Name: _____ Relationship _____

Contact Information _____

Name: _____ Relationship _____

Contact Information _____