**Public Health and Medical Mission Application / Interest Form**

Personal Data

Full Name:

Credential/Degree (If applicable):

Phone:

Email:

Area of Healthcare/Professional Study:

Year in College / Professional School:

**Valid U.S. Passport with Expiration Date >/= to 6 Months before Departure Date: YES or NO**

*(Departure Date: December 3, 2024 🡪 If not having a passport, indicate when you plan to obtain a passport)*

Professional Experiences

**Leadership Roles (Position/Title, Dates, and Institution/Organization):**

**Community Service-learning Activities (Dates, Activity, and Location):**

**Past Mission Experiences (Date, Role, Activity, Organization and Location):**

**Fluency in Another Language (List language and level: basic/intermediate/advanced):**

**Please provide at least 2 professional references (name, position/title, institution, email and phone #. Can we contact your professional references at this time? YES or NO**

**Public Health and Medical Mission Application / Interest Form**

**Please explain your interest – why you would like to join an ICI Public Health and Medical Mission and how can you contribute to this global health experience. Please write 1 to 2 pages (250-500 words) and submit with a CV/resume by June 15, 2024.**