



600 1st Ave, Suite 112
Seattle, WA 98104
(206)200-2418
tripmanager@gvhealth.org
<http://www.GuatemalaVillageHealth.org>

MEDICAL TEAM MEMBER APPLICATION CHECKLIST

Please return the following back to us for your permanent GVH file:

Forms:

- Team Member Information Form (electronic; can email)
- Travel Commitment Notification Form (interactive PDF)
- Emergency Contact, Medical History & Insurance Form
- Code of Ethics Form *
- Publicity Release Form *
- Liability Release Form *

Other documentation:

- Photo copy or scan of your passport showing your picture and passport number (in color preferably) *
- Copy of your board certification, hospital privileges, or licenses and certifications *
(Required if you are working in a medical professional capacity.)
- Copy of your curriculum vitae (CV) (if applicable) *

* Items only required if we do not already have them on file; resubmission not required.

Send or Email To:

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