

**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, particularly for international expeditions.

For office use only: \_\_\_\_\_ L  
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**REMOTE AREA MEDICAL ® VOLUNTEER APPLICATION**

**APRIL 30 AND MAY 1, 2011 – FIRST BAPTIST CHURCH CLINTON, TN**

RAM Organizers should contact you approximately four weeks prior to the expedition(s) you choose to attend. Please feel free to contact our office if you have not received confirmation from RAM within this timeframe.

**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 expeditions, please contact RAM at [laurak@ramusa.org](mailto:laurak@ramusa.org).**

PLEASE TYPE OF PRINT CLEARLY

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

ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

PROFESSION/SPECIALY(IES) \_\_\_\_\_

CERTIFICATE/LICENSE #S \_\_\_\_\_ EXP \_\_\_\_\_ DEA# \_\_\_\_\_ EXP \_\_\_\_\_

(Please include a copy of licenses/certifications with this application, you will also be asked to bring a copy to each clinic you attend)

HAVE YOUR PROFESSIONAL PRIVILEGES EVER BEEN SUSPENDED/REVOKED/RELINQUISHED? Yes No

(If yes, please attaché a one page explanation of the situation and its resolution)

EXPEDITION(S) YOU EXPECT TO ATTEND: \_\_\_\_\_

**BEFORE** submitting your application, please refer to the RAM schedule in the RAMUSA.ORG website and list at least one clinic you are interested in attending.

FOREIGN LANGUAGE(S) \_\_\_\_\_ SIGN LANGUAGE Yes No

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

BLOOD-BORNE PATHOGENS TRAINING IS REQUIRED FOR ALL REMOTE AREA MEDICAL ® VOLUNTEER MEDICAL PERSONNEL (especially volunteers working in the dental area).

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 \_\_\_\_\_ 20 \_\_\_\_\_ Signature \_\_\_\_\_

Please send completed application & photocopies of current medical licenses or certificates to:

FIRST BAPTIST CHURCH P O BOX 268 CLINTON, TN 37717-0268 or  
Return to FIRST BAPTIST CHURCH 225 N MAIN STREET CLINTON  
FOR MORE INFORMATION – SEE ANDERSONCOUNTYRAM.COM or RAMUSA.ORG  
Telephone – (865) 259-6RAM

Contact [laurak@ramusa.org](mailto:laurak@ramusa.org) or [joanne@fbclinton.org](mailto:joanne@fbclinton.org)  
Fax Applications to RAM 865-609-1876 or FBC 865-457-0713