



HUMAN RIGHTS CLINIC
VOLUNTEER APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY

Date: _____

Last Name: _____ First Name: _____ Gender: _____

Specialty: _____ Degrees: _____

Licenses – Profession, State & #: _____

If applicable: Board Eligible YES/NO Board Certified YES/NO

Language(s) spoken: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell/Home Phone: _____ Office Phone: _____

Email: _____

How did you hear about the training: _____

Reasons for wanting become a volunteer with the HRC/work with survivors of torture:

Four horizontal lines for writing reasons for wanting to become a volunteer.

PLEASE RETURN THIS FORM WITH YOUR CV TO:

HRC.Training@healthright.org

212-226-6991 (fax)

By attending the HRC training, I consent to the unrestricted use of my voice and/or image in any photograph, audio recording, video, film and other motion picture recording in connection with the public relations and educational/promotional programs of HealthRight International and its partners and waive any rights to compensation.