



HUMAN RIGHTS CLINIC
VOLUNTEER APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY

Date: _____

Last Name: _____ First Name: _____

Gender: _____ Preferred Pronoun(s): _____

Degrees: _____ Specialty: _____

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 to become a volunteer with the HRC/work with immigrant survivors of torture & abuse: _____

Four horizontal lines for additional text input.

Please return this form with your CV to:

hrc.training@healthright.org

OR

212-226-6991 (fax)