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| Application Form |

## Contact Information

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| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Date of Birth |  |
| Country of Citizenship |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| Chiropractic College |  | DC license number |  |
| Graduation Date |  | Years in Practice |  |
| Does your malpractice cover outside of USA? | Yes 🞏 No 🞏 | Malpractice company/ policy number |  |

Do you speak any secondary languages? If so, list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have a current passport? \_\_y\_\_ Yes \_\_\_\_ No \_\_\_\_ Applying for it (Date of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Passport #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Note: In accordance with Public Law 107-56, “The Patriot Act”, please ensure that the expiration date on your passport is greater than 6 months past the return date of your travel.)* |
| Do you have a portable table and other chiropractic equipment? \_\_\_\_ Yes \_\_\_\_\_ NoList equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please check all chiropractic techniques you use in patient care (Rate: 0 – No Experience, 3 – Poor Experience, 5 – Fair Experience, 7 – Good Experience, 9 – Excellent, 10 – Master) \_\_­­\_ Gonstead \_\_\_\_ Thompson \_\_\_\_ Activator  \_\_\_ AK \_\_\_\_ NUCCA \_\_\_\_ Pettibon  \_\_\_\_ Kinesiology \_\_\_\_ Extremity \_\_\_\_ CBP  \_\_\_\_ Logan basic \_\_\_\_ ART \_\_\_\_ SOT \_\_\_\_ Diversified/Full Spine \_\_\_\_ Upper Cervical \_\_\_\_ Other:  |

## Special Skills or Qualifications

### List any additional certifications and /or special awards attained since chiropractic school. If you are a student or first year doctor, list how many chiropractic seminars, conferences and workshops you have attended.

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## Previous Volunteer Experience

### List and describe your previous volunteer experience, especially with chiropractic.

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## Emergency Medical Information Form

### Please complete so that health care providers can be aware of your personal health needs. This form must be completed and carried by all event participants.

Does the participant have:

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| --- | --- |
| *Allergies* □ Yes □ No | *If yes, please explain:*  |
| *Heart Issues* □ Yes □ No | *If yes, please explain:*  |
| *Asthma* □ Yes □ No | *If yes, please explain:*  |

Is the participant subject to:

|  |  |
| --- | --- |
| *Seizures* □ Yes □ No | *If yes, please explain:*  |
| *Motion Sickness* □ Yes □ No | *If yes, please explain:*  |
| *Fainting* □ Yes □ No | *If yes, please explain:*  |
| *Upset Stomach* □ Yes □ No | *If yes, please explain:*  |

Does the participant have a reaction to:

|  |  |
| --- | --- |
| *Bee Stings* □ Yes □ No | *If yes, please explain:*  |
| *Penicillin* □ Yes □ No | *If yes, please explain:*  |
| *Other Drugs* □ Yes □ No | *If yes, please explain:*  |

## Person to Notify in Case of Emergency

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| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

**Initial \_\_\_\_\_ \*\*\* REFUND POLICY: All fees are NON-REFUNDABLE in any circumstances. \*\*\***

Please note that should you choose to travel on days outside of the designated mission dates, you will be responsible for the additional associated costs.

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please email your application to: info@tanakachiromissions.org and send application fee online using the accompanying link via paypal.

Thank you for completing this application form and for your interest in volunteering with us!