



THIS APPLICATION CAN BE COMPLETED ON-SCREEN AND PRINTED OUT, PRINTED OUT AND FILLED IN BY HAND, OR E-MAILED BY CLICKING ON THE "SUBMIT" BUTTON AT THE BOTTOM OF THE LAST PAGE.

TO MAIL OR FAX:

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Volunteer Application Form

PERSONAL

Date of Application

Name Social Security (Insurance) no.

Name Used Date of Birth

Citizenship

Address

E-mail

TELEPHONE—Home Office

Alternate Fax

1/EDUCATION

A—Medical

Dates

Position/Degree

Institution

B—Neurosurgical Training

Dates

Position/Degree

Institution

2/NEUROSURGICAL EXPERIENCE

Dates

Position/Degree

Institution

Dates

Position/Degree

Institution

3/TEACHING APPOINTMENTS HELD

Dates
Position
Institution

Dates
Position
Institution

4/OTHER TEACHING EXPERIENCE

Dates
Position
Institution

Dates
Position
Institution

5/SOCIETY MEMBERSHIPS

Dates
Society Name

Dates
Society Name

6/MAJOR CLINICAL INTERESTS

7/MAJOR RESEARCH INTERESTS

8/LANGUAGE SKILLS

9/TRAVEL EXPERIENCE

10/REFERENCES

A—Name

Address

City

Region

Country

Telephone

Fax

E-mail

B—Name

Address

City

Region

Country

Telephone

Fax

E-mail

C—Name

Address

City

Region

Country

Telephone

Fax

E-mail

11/VOLUNTEER REQUESTS

Length of Assignment (months)

Dates Available for Volunteer Assignment

Preferred Location of Assignment

12/VOLUNTEER EXPERIENCE

Dates

Country

Comments

Dates

Country

Comments

13/ADDITIONAL COMMENTS

If available, please attach: CV, Bibliography, Reference Letters