

**FIENS VOLUNTEER INFORMATION**

**DATE OF CONTACT:** \_\_\_\_\_

**PHYSICIAN/VOLUNTEER'S NAME:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**COUNTRY OF TRAVEL:** \_\_\_\_\_

**DATES OF TRAVEL:** \_\_\_\_\_

**Documents Needed:**

- Application form for FIENS
- Curriculum Vitae (Resume)
- 2 Letters of Reference

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

- AANS and/or CNS Member

**Once Approved:**

- Send the following documents:
  - FIENS - Cover Letter for Volunteer Agreement.doc
  - FIENS - Volunteer Agreement and Release.doc
  - FIENS - Volunteer Report of Service.doc
  - FIENS - Can I Help You.doc
  - FIENS - Host Evaluation.doc
  - FIENS - Guidelines for Volunteers.doc
  - FIENS - You Want to Save the World.doc
  - FIENS - MedjetAssist - Evacuation by Wheelbarrow.doc
  - FIENS - MedjetAssist - Executive Overview 2009.doc
  - FIENS - MedjetAssist - Rules & Regs.doc
  - Website: [www.medjetassistance.com](http://www.medjetassistance.com)

**Once Travel has been Completed:**

- Report from Volunteer
- Report from Host Country/Physician