



Loloma Foundation Volunteer Application

* Each volunteer must fully complete an application

* Email this form and an electronic copy of your passport to Linda at Lkwasny@Lolomafoundation.org

General Information	
Name	
Personal Email	
Phone #	
Home Address	
Occupation	
Area of Specialty	
Employer	
Do you have a current / valid medical / dental license that is in good standing?	
Medical/dental Mission Experience	
If so, where?	
How did you hear about Loloma's medical missions?	
Have you traveled internationally?	
Travel Insurance Provider	
Medical Evacuation Insurance Provider	
Dietary restrictions?	
Do you have any secondary skills that might be useful on a mission?	
Location / Date of Loloma Medical Mission you are interested in?	
Will you be extending your travel at beginning or end of mission?	
Do you need accommodations? (We can arrange.)	
Please indicate extension/return dates:	
DEPARTURE DATE from US to FIJI:	
DEPARTURE DATE from FIJI back to US:	