



Doctors for Global Health

Application for Voting Membership

Doctors For Global Health (DGH) is an organization that relies on the integrity and volunteer spirit of its members. We want to thank you for all the time and effort you have put into furthering our work. We seek persons to serve as Voting Members who are serious about promoting health and education as basic human rights and who have demonstrated knowledge of, and a commitment toward, the mission of DGH. The following questions will help us better consider your interest in DGH and your application for Voting Membership. You may continue your answers on a blank piece of paper if there is not enough room allotted.

Name _____
Home address _____
City, State, Zip _____
Phone Number _____

Occupation _____
Company _____
Title _____
Office address _____
City, State, Zip _____
Phone Number _____

Fax Number _____
E-mail address _____

Emergency Contact _____
Phone Number _____

1. What first attracted you to DGH?

2. DGH's goal is to "Promote Health and Human Rights With Those Who Have No Voice."
What does that mean to you?

3. Why are you interested in becoming a Voting Member of DGH?

4. To become a Voting Member of DGH, you must have been an active volunteer for at least one year. Please list the activities you have engaged in as a DGH volunteer and note the approximate amount of time you devoted to each. (DGH experience can include service abroad, active participation on the Advisory Council, or participating in DGH projects in your local community.)

5. Which of the following activities would you like to participate in as a Voting Member of DGH (check as many as you like)?

- Mailings
- Fundraising/Friendraising
- Accompaniment abroad
- Recruiting volunteers
- Other:
- Writing for the Newsletter
- Creating slide presentations
- Presentations to schools and other organizations
- Promoting DGH in the medical community/press

6. Please list any other organizations, either professional or volunteer, that you have been affiliated with and include a copy of your resume or curriculum vitae.

7. List any languages you speak (other than English) and check your proficiency in them.

	Beginner	Intermediate	Advanced
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, _____, acknowledge that becoming a Voting Member of Doctors For Global Health (DGH) carries with it certain responsibilities and commitment. As a Voting Member I would have the power to influence the direction DGH takes in the future. Therefore, I hereby certify that I believe in the Mission and Principles of Action of DGH (see attached) and promise to uphold them if my application for Voting Membership is accepted. I also agree not to hold DGH liable for any losses, claims or actions of any kind arising out of my association with DGH.

Signature of Applicant

Date

By signing this document, you authorize any details concerning information requested herein to be made available to the Board of Directors of DGH. This information will be held in strict confidence and will be used only for the purpose of this Voting Membership application and to help match your experience with volunteer opportunities at DGH. Any false, incomplete, or misleading statements, or omissions by you in this application or in any other credentials submitted by you to DGH will be cause for rejection of your application or for your immediate dismissal if you become a Voting Member.

Thank you for taking the time to complete this application and for your interest in DGH. Your application will be reviewed at the next meeting of the DGH Board of Directors. Please return this application to the DGH office at P.O. Box 1761, Decatur, GA 30031, USA.