The Armenian EyeCare Project **Volunteer Opportunities**

Application COVER PAGE: Print and Attach to Application Package

Mail Application Package to: P.O. Box 5630, Newport Beach, California 92662

Application For:	Medical C	Doserversnip	'	Medical Mission		Administrative internship		
		Perso	nal Informa	tion				
Name								
First		Middle	Middle			Last		
Address Number	Street			Apt/Suite				
City		State		Zip				
E-Mail					- <i>r</i> -			
Telephones								
Home		Work	Education	Cell		Fax		
			Luucation					
Currently in School	yes	no	year	institu	ution	locat	tion	
High School	.,				Mater		0.00	
Undergraduate School	Name	City/State		Major		Degree Obtained		
Graduate School	Name		City/State	М	lajor	Degree (Obtained	
Professional School	Name		City/State	M	lajor	Degree (Obtained	
	Name	City/State		М	Major		Degree Obtained	
Internship/Residency	Name	City/State		Specialization		Year		
Other		,						
	Name		City/State	М	lajor	Degree (Obtained	
		L	anguages					
What languages do you English Armenian Russian French Other	Speak	Read	Write	Elementary Limited	Limited Working	Professional Working	Native or Bilingual	
		A	ttachments					
Please attach the following	to your application:							

- ► Three (3) Written References Including Professional, Educational and Personal
- ▶ Written Stateme Opportunity; wh

ent describing your reasons for wanting to participate in an nat you hope to gain from the experience; and what you fee	,
Signed	Date