



Doctors' Goodwill Foundation Assistance for Medical Missions

The Doctors' Goodwill Foundation has developed an opportunity to assist volunteers in medical missions with financial assistance. Any volunteer participating in a medical mission, either stateside or international, is eligible to apply.

Name: _____ Social Security Number: ____ - ____ - ____

Address: _____

Telephone Number: _____ e-mail Address: _____

Name of Medical Mission Organization: _____

Location: _____

Dates of Mission: _____

Goal: _____

Your Participation: _____

Approximate Cost: _____

Applicant must submit the following information:

1. Letter of Recommendation – Medical Mission Chairman.
2. Volunteer Work Experience.
3. Doctor's Goodwill Foundation Participation (if any).
4. Name of Doctors' Goodwill Foundation member(s) if known by applicant.

Follow-Up: After mission is completed, the recipient will provide an essay, 100 words or less, regarding the experiences of the mission. The recipient will also provide 5 – 6 photographs taken during the mission experience.

Signature of Applicant

Date

Approval: _____

Signature

Date

Completed application should be mailed to:

Doctors' Goodwill Foundation

Attn: Sue Tindall, Administrative Assistant

P. O. Box 909

Titusville, FL 32781

If you have any questions, please call Dr. Bhalani at 321-298-5531 or Sue Tindall at 321-735-6492. You may also log on to our website at www.doctorsfoundation.org.