



International Children's Heart Fund
17 Shamrock Street
Worcester, MA 01605
USA
www.ichfund.org

Application form (please include CV or resume).

Last name: _____

First name: _____

Email address: _____

Home Information"

Street _____

City State Zip: _____

Country: _____

Phone: _____

Office or Work Information:

Street _____

City State Zip: _____

Country: _____

Phone: _____

Personal Information:

Gender: Male Female

Marital Status: Single Married Divorced

Number of Dependents: _____

Your age: _____

Present Occupation: _____

[Active] [Semi-retired] [Retired]

Licensure: _____

Type of Voluntary Service Desired" _____

Qualifications and experience for this type of service: _____

Past volunteer experience (include dates:)

Why I want this volunteer experience:

Geographical preference:

Please state time of year and length of time (1 week, 2 weeks, or longer)

Dates available: _____

Educational level: _____

Medical School: _____

College/University Major/Minor _____

College/University name _____

High School name: _____

Significant educational experience: _____

Travel experience: _____

Specific skills: _____

Foreign languages: _____

Physical/Mental Health concerns: _____

Vaccination update: _____

Additional comments: _____

Please print this form and mail to:

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