



Program Application
Global Initiative for Volunteerism and Education (G.I.V.E)

Name of Volunteer Surgical Program:

Volunteer Surgical Program Director contact information:

Communities served by Volunteer Surgical Program:

Program Goals:

Dates/duration of 2019 Program(s):

Date(s) and location(s) of travel from/return to the United States:

Departure: _____

Return: _____

Supervising Oral and Maxillofacial Surgeon* (Attach CV with application)

Name: _____

Address: _____

Phone: _____

Email: _____

Number of year's involvement with this organization:

Number and types of OMS procedures typically performed:

Other specialties participating on this trip:

Would you allow a member of the OMS Foundation Committee to accompany the program for 3 to 4 days as an observer? (All committee members have experience with volunteer surgical programs)

Yes/No

Note: G.I.V.E. awards are limited to senior residents who have completed two or more years of training

Return completed form to:

OMS Foundation 9700 W. Bryn Mawr Ave., Rosemont, IL 60018

Fax: (847)678-6254 Email: mdicarlo@omsfoundation.org

Questions? Contact Mary DiCarlo at (847) 233-4325 www.omsfoundation.org