



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

The GIVE program provides \$2,500 travel stipends to residents traveling internationally with experienced OMS teams to deliver humanitarian healthcare to underserved populations. Five GIVE stipends will be awarded in 2019.

Name:

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Address:

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Phone: (Mobile preferred):

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E-mail:

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OMS Training Program:

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Program Director:

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Volunteer Surgical Program to which you have been accepted:

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Lead OMS for the Volunteer Surgical Program:

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Dates and location of the Volunteer Surgical Program:

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Applicant Education history:

Dental School Attended:

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Dates of Attendance: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree(s) Obtained: \_\_\_\_\_

Medical School Attended:

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Dates of Attendance: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Degree(s) Obtained: \_\_\_\_\_

Current year in OMS residency: \_\_\_\_\_

Are you completing a single or dual degree OMS residency?

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What professional licenses do you presently hold or plan to obtain prior to your GIVE commitment?

Type of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Issuing State/Province: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Type of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Issuing State/Province: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

U. S. Citizenship status (Citizen, Student Visa, etc.): \_\_\_\_\_

Are you completing a fellowship post-residency? Yes/No

If yes, what type of fellowship will you be completing? \_\_\_\_\_

List all languages in which you are fluent:

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List past volunteer activities, including dates and duties per volunteer trip:

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What do you hope to take away from your GIVE experience? (250 words or less):

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**Requirements for Consideration and Participation in GIVE**

1. Minimum of 24 months of prior OMS residency training
2. Reference letter from residency program chief
3. Obtain appropriate pre-trip medical evaluation and immunizations
4. Purchase medical evacuation insurance (reimbursed by the OMSF Foundation)
5. Agree to create and maintain a photographic record of volunteer experience
6. Agree maintain a standard resident surgical log during volunteer experience
7. Agree to submit a report or participate in an interview following the trip
8. Sign the Program's *Disclosure of Foreign Travel Risk and Waiver*