



Veterinarians
WITHOUT BORDERS

VÉTÉRINAIRES SANS FRONTIÈRES

MEMBER VOLUNTEER APPLICATION

1124 Pistachio Court Davis, California 95618 U.S.A.
Phone: 530.753.1886 Fax: 530.753.6172
www.vetswithoutbordersus.org

PLEASE FILL OUT AND EMAIL THIS APPLICATION FORM TO: vwb.usa@gmail.com

Name: _____

Address: _____

Citizenship: _____

Phone Number: _____ Email Address: _____

- Member information. I wish to:
- Receive Bulletins and VWB Updates
 - Volunteer in the United States
 - Volunteer Internationally Length of Time Available for Project-Related Travel: Long Term (Years) _____
 - Medium Term (Months) _____ Short Term (Weeks) _____ Area of Interest: Administration Fundraising
 - Advertising / Web Maintenance / Blogs Projects _____ Other _____

Areas of Expertise or Experience in Animal Health: _____

Areas of Expertise or Experience in Human Health: _____

Species or Area of Interest: _____

Other Related Skills (Please include any skills that you feel would be of interest / use to VWB): _____

Veterinary Training: _____

Educational Institutions: _____

Degree & Year of Graduation: _____

Board Certifications: _____

Animal Health Technician: Educational Institutions / Training / Certifications: _____

Animal Health Technician Experience: _____

Languages and Level of Proficiency (1=Basic, 2=Conversational, 3=Fluent): _____

Experience in Developing Areas: _____

Please Provide Personal and Professional References (Attach Contact Information): _____

PLEASE SUBMIT MEMBERSHIP DUES BY CHECK OR MONEY ORDER & MAIL TO:
Veterinarians Without Borders / Vétérinaires Sans Frontières
1124 Pistachio Court
Davis, California 95618
U.S.A.

MEMBERSHIP DUES PAID
Amount: _____
Date: _____