



NURSE LEADER TRAINING VOLUNTEER APPLICATION FORM

Please send completed form to Robb Hansen, Executive Director of EHA USA, at rhansen@ehausa.org.

GENERAL INFORMATION

Note: Fields marked in red are required.

Name of applicant (as shown on passport):

Credentials—degree(s) and certification(s):

Current job/role in nursing:

Years of service in nursing:

What nursing skills and/or topics are you able to come prepared to provide lectures on during the nurse training?

Are you willing to attend virtual meetings in preparation for going to India (1-2 meetings; approximately 2-4 hours)? Yes No

PASSPORT INFORMATION

Passport number:

Expiration Date:

Nationality:

Gender:

Date of birth as on passport:

CONTACT INFORMATION

Current address:

Street: Apt #:

City: State: Zip:

Permanent address:

Street: Apt #:

City: State: Zip:

Permanent phone number:

Email of the applicant:

AVAILABILITY

Please indicate below the times you would be available to travel to India (*check all that apply*):

2024

Winter

Spring

Summer

Fall

2025

Winter

Spring

Summer

Fall

2026

Winter

Spring

Summer

Fall

Would you prefer to fly to India with another nurse teacher?

Okay with flying alone

Prefer to fly with another nurse teacher

PROFESSIONAL INFORMATION

Professional qualifications and skills:

What interests you about serving in this program (about 100 words)?

Are you familiar with American Best Practices in Nursing (not a requirement for participation)?

Please describe any previous nurse teaching or leadership experience:

PERSONAL INFORMATION

If you read, speak, or write any Indian language(s), please specify which one(s):

While volunteering with EHA in India, do you agree not to use alcohol, tobacco, public displays of affection between sexes (married or single), profane language, inappropriate dress deemed disrespectful of the culture you are serving in, and/or critical or complaining attitude or words? Yes No

Is there any other information you want to share about yourself that could be relevant to your overseas travel and proposed volunteer service with EHA?

Do you agree to obtain the recommended Visa for India as explained below? Yes No

Visa category : “E-Visa for a voluntary worker to an NGO”: This category is to be used for all doctor and nurse volunteers, and volunteers from other professions, regardless of length of service.

This visa category, “E-visa for a voluntary worker to an NGO” (in our case the NGO is either Emmanuel Hospital Association or the name of the hospital at which the person is volunteering), is a subcategory of an employment visa. This is a special category of visa for voluntary workers who wish to come and work without any remuneration or salary.

When this particular category of visa is issued, there is an endorsement of the NGO’s name (EHA or the visiting hospital’s name) on the visa page in the passport. For information, visit the official website of the Ministry of Home Affairs, Government of India: <https://mha.gov.in/MHA1/TourVisa.html>. Click on the “Details of Visa granted by India” bullet point. A pdf document will open and the Voluntary Visa details are on page 9, paragraph 32. This means that the volunteer is to work only with the NGO mentioned, and the NGO is responsible for the conduct and working of the volunteer during their stay in India. If an E-visa (for a voluntary worker) is refused, then we may have to say no to a volunteer.

MEDICAL BACKGROUND

Do you have any limiting physical conditions that would hinder the safety or efficiency of yourself or the team?
(for example, serious allergies, back problems, limited mobility, poor eyesight, poor hearing, etc.) If yes, please explain.

Yes No

Do you agree that all expenses incurred for international air travel, passport, visa, vaccinations, and any medical prescription costs are incurred by you the team member and are your financial responsibility?
(Expenses for project-related travel within India, as well as lodging and meals, will be covered by EHA.)

Yes No

EMERGENCY CONTACT INFORMATION

Who may we contact in case of an emergency?

Name:

Relationship to applicant:

Address:

Home phone:

Cell:

SIGNATURE

I have read the above and agree to the above policies, rules, and terms.

Yes No

Participant's Name *(typed)*:

E-signature:

Date:

ADDITIONAL REQUIREMENTS

Please provide the name and email for both a personal and a professional reference for us to contact:

Personal reference — Name:

Email:

Professional reference — Name:

Email:

Please include the following with your application:

Passport-size photo

Copy of passport

Copy of résumé/CV

Copy of professional license

Please send completed form to Robb Hansen, Executive Director of EHA USA, at rhansen@ehausa.org.

Thank you for your application!