

## Recruitment Conference /Global Health Initiatives Application Form

Please complete all fields in this form.

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### **\*\*Personal Information\*\***

Full Name: \_\_\_\_\_

Role/Position: \_\_\_\_\_

### **\*\*Organization Details\*\***

Name of Organization You Will Be Supporting:

\_\_\_\_\_

Organization Location/Trip Destination:

\_\_\_\_\_

Proposed Trip Dates: \_\_\_\_\_

Sponsoring YNHH/YSM Faculty /Office: \_\_\_\_\_

Program Director Approval Obtained YES ☐ NO ☐

Have you discussed and received approval from the faculty you will be accompanying?

YES ☐ NO ☐ N/A ☐

If yes, please indicate the Faculty name and organization \_\_\_\_\_

Do you have an accompanying faculty support statement or letter?

If yes, please attach here

### **\*\*Purpose and Mission\*\***

How will this experience support your professional development?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to accomplish by participating in this initiative?

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How will your participation support our department as a whole?

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**\*\*Resource Request\*\***

What resources are you looking for? Please specify type and amount (e.g., time off, financial support, equipment):

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**\*\*Signature\*\***

I confirm that all information provided in this application is accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Application Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Status: \_\_\_\_\_

Notes: \_\_\_\_\_