**Yale-China Association**

**Rural Health Service Trip Application Form (March 17-24, 2018)**

Application Deadline: December 30, 2017

**All fields marked \* are required.**

**Personal Information** (as it appears on your passport)

First Name \*



Middle



Last Name \*



Gender \*

Male Female [**TAKE SURVEY**](https://urldefense.proofpoint.com/v2/url?u=http-3A__web.brooklynnets.com_wG0X79WNR0000GeU00f2r0P&d=DwMCaQ&c=cjytLXgP8ixuoHflwc-poQ&r=V_547hSRJ-IN3TllbXqxT3wVIsgCVy5-v8HrYO32m_w&m=YmfkrOs5vuPER2g3jDpCsdGfJKATPhlkiwJF67zc26I&s=2wluKGC3mDzazGRgfCY-ws19LJG5YRtmof4m53mbygQ&e=)

Date of Birth \*



Format: 01-23-1998

Email \*



Cell Number \*



US Citizen \*

Yes No

Passport Number \*



Country of Citizenship \*



**Emergency Information**

Emergency Contact First Name \*



Emergency Contact Last Name \*



Emergency Contact Address \*



Relationship \*



Emergency Contact Email \*



Emergency Contact Telephone \*



**Trip Package Options**

**Select the trip packages you are participating (Note: we do not offer the pre-trip separately)**

 Rural Health Service Trip (3/17-24) - $2,200 (double occupancy);  single room supplement ($450)

 Pre-trip to Zhangjiajie Park (3/12-16) - $1,300 (double occupancy);  single room supplement ($300)

**Note:** Deposit of $500 is due by January 8th, final payment for all program costs is due January 29th.

Checks can be made payable to “Yale-China Association”, or via credit card payment by calling our office at 1 203-432-0884, or pay online at <https://donatenow.networkforgood.org/1433856?code=Homepage+Practice>

(indicate the $500 amount is for the service trip deposit).

Checks can be mailed to: Yale-China Association, 442 Temple St, New Haven CT 06520.

**Are you applying for partial scholarship funding?  
\*You must request a scholarship application form by emailing** [lucy.yang@yale.edu](mailto:lucy.yang@yale.edu) **before December 15th. Scholarship application is also due December 30th (submit along with your regular application), decision will be announced by January 15th.**

Yes No

**Are you interested in leading a health project or training session for the service trip? \***

1-No interest2-Some Interest3-Interested4-Very Interested5-Extremely Interested

What project(s) or training(s) do you have experience leading previously?



**Have you ever traveled to another country before? If yes, please indicate where and purpose of your trip. For example:  Country/Vacation, Volunteer, Study Abroad, Resident, Other)**

Yes No

Country and Purpose



Country and Purpose



Country and Purpose



**Do you speak mandarin Chinese? Indicate your fluency level (OK, good, excellent).**

Ok Good Excellent/Native Speaker Does not speak Chinese

**Are you a working health professional or student enrolled in a health professional school (medicine, nursing, or public health)?**

Yes No

Affiliated Department and School



(i.e. Yale School of Medicine, Psychiatry Dept)

Position/Title



(i.e. attending physician, staff nurse, 1st year resident, etc)

Years of Health Professional Experience or Year in School



**If you are not a health professional or student in the health fields, please list your affiliation.**

Employer/Professional Title or Affiliated School and Department



(i.e. Yale College, East Asian Studies)

Position/Title



Years of Work Experience or Year in School



**Are you interested in learning about traditional Chinese medicine or Miao medicine practices?**

YesNo

**Are you interested in learning about environmental health issues?**

YesNo

**Are you able to perform moderate physical activity or walk for an extended period (30-60 min)?**

YesNo

**Do you have food or other allergies? If yes, please list so the trip organizer is aware of your needs.**

