



Application

IHELP School of Clinical Medicine
admissions@ihelpfoundation.org
(818) 464-6268

Personal Information

Last Name		Date of Birth	
First Name & Middle Initial		Phone Number	
Street address		Email Address	
Street address		Sex	
City, State, Zip Code		Ethnicity	
Any Misdemeanor Conviction?	Yes	No	Explain
Do you agree to a Background Check?	Yes	No	

Education/Skills

Highest Level of Education	High School	College	Trade School
List Degrees or Certifications			
List Any Language(s)			
List Any Medical Training or Experience?			
List Applicable Skills			

Previous Humanitarian Experience

Organization Name	Start - End Date
Supervisor Name	Supervisor Phone #
Position/Responsibilities	
Organization Name	Start - End Date
Supervisor Name	Supervisor Phone #
Position/Responsibilities	

Short answer Questions

Explain your interest in the iHelp Foundation? Why would you be a good fit for iHelps mission? 1500 characters max.