

## **Asylum Network Application to Join**

Contact Information				
Name:				
Home Address:				
Home Telephone: Cell Phone:		Email:		
Organization or Hospital Affiliation:				
Work Address:	_ City		_ State	Zip
Work Telephone:				
<b>Preferred Contact Address:</b> Work Home				
Health Professional Information Health Professional Type (Physician, LCSW, etc.) Specialty:				
In which state[s] are you licensed to practice?				
Are you a resident or an intern?  Resident	☐ Intern			
If so, when will you have your unrestricted li	cense to j	oractice?		
I can perform the following types of evaluations:	Physical	Gynecol	ogical	Psychological
I can see clients: In my office only At regions	-	-	_	
Do you have pro bono access to medical equipmen				tion purposes?
				r r
∐Yes ∐No				
How many cases are you willing to take per year?				
Relevant/related experience with forensic evaluate	ions (if an	y):		
				· ·
I am interested in the following issues:  LGBT HIV/AIDS Gang Violence Hun Sexual/Gender-Based Violence Domestic Violence		ing Det	ention/Pri	son Health
Relevant/related experience (if any) with any/all of t	he issues ch	ecked above:		
-, <u>-</u> (, ),				
Are you interested in working on domestic investigate others in U.S. custody?			view for im	migration detainees or

Do you have any experience with international volunteering, work, or investigations? Please let us know any time you have lived or worked under difficult conditions.
Would you be interested in participating in international investigations through PHR? Please let us know you maximum duration, any particular geographic locations, and interest in traveling to conflict zones.
Foreign Languages (if any) and ability (basic, proficient, fluent):
Please let us know if you are interested in volunteering with any of the other programs run by PHR. [Please see phr.org for further information]  International Forensic Program Program on Sexual Violence in Conflict Zones
Global Anti-Torture Work Persecution of Health Professionals/Medical Neutrality
☐ Mass Atrocities ☐ National Security Anti-Torture Work
Please include any relevant skills or experience you may have to offer on the programs checked above:
Do you have any advocacy experience, and/or are you interested in contributing to PHR's advocacy efforts? These include advocacy meetings, public speaking, and writing and/or research on human rights abuses.

## Please Include a Copy of Your CV and License with this Form

## Email this form and all other documents to asylum@phrusa.org

Once we receive a request for an evaluation for an asylum client in your geographic region, we will contact you with the details of the case to see if you are available. Additionally, once you are placed with a client, PHR will put you in contact with an Asylum Network mentor and provide sample affidavits and additional reference material if requested. Thank you for your interest.