

Letter of Intent & Purpose

Name: _____

Program: AmeriSpan Volunteer Internship Salud Medical Program

Location: _____

To Whom It May Concern,

I, _____, intend to participate in Volunteer Internship Medical
placement in _____ from ____ / ____ / ____ to ____ / ____ / ____.

I understand that I am to take this placement seriously and plan to treat this as any employment by demonstrating punctuality, professionalism and adhering to the organization's rules. Any requests I have made here or on my application are requests only. While AmeriSpan and the local organization will do their best to meet my requests, suitable substitutes may be offered.

My personal goals for my placement include:

I am hoping to do the following:

My medical specialty OR area of interest in my top placement choice(s) are:

Finally, I am aware that the organization's staff has spent time and energy arranging this placement and that leaving prematurely could jeopardize their willingness to offer this opportunity to future participants. If I encounter problems, I plan to contact in-country staff and/or AmeriSpan's main office to try to resolve the matters in a timely manner.

Sincerely,
