

Complete these 3 Forms- Volunteer Application, Volunteer Agreement, and Medical Application. Send them to us by snail mail.

Volunteer Application

Name (please print): _____

Date of birth: _____

Address: _____

Phone: Home (_____) _____ Work (_____) _____

Fax (_____) _____

Email _____

Check preference: _____ Spring Mission _____ Fall Mission _____ Either Mission

Your occupation:

What position are you applying for (Circle): Medical Provider, Pharmacist or Pharmacy Tech., Dental Provider, Nurse, Translator, ATV (All Terrain Volunteer - which is a general helper), or Other _____

If applying as an ATV, circle your area(s) of interest (we will train you): Vision Refraction, Crowd Control, Fluoride Applications, Teaching Tooth Brushing, Assisting in Pharmacy, Administering Vaccines, Education, General Assisting.

Do you speak Spanish? _____ Yes _____ No _____ Student

If so, do you speak it fluently enough to be a translator? _____ Yes _____ No

Do you have Red Cross certification in CPR, first aid, ALS, PALS, etc.? Please list.

Do you have instructor certification in any of these areas? If so, which one(s)?

Health care provider degrees. Please circle: MD, DO, DDS, PA, NP, RN, LPN, R Ph, PT, OT, DPM, Other _____

*** We will need two (2) copies of your medical license.**

Are you a student in any of these areas? _____ If so, which one? _____.

We will need a written statement from your school attesting to the fact that you are a student in good standing, and indicating whether you will be getting credit for this experience.

Please list any previous medical mission work, or related experiences.

Do you have any special talents or expertise that would enhance your mission experience?

What do you hope to do/accomplish on this mission trip?

What is your planned source of funding?

Do you have a valid passport? _____

If so, please enclose a legible copy of your passport with this application. We must be able to read your passport number.

Are you immunized against Hepatitis A? ____ Hepatitis B? ____ Tetanus in last 10 years? ____

Are you in good health? _____ (Please complete the medical application.)

Team Tee Shirt: Please circle the size you would prefer. S M L XL XXL

Will your participation as a volunteer on the medical mission, if accepted, be contingent on the acceptance of another person such as a spouse, child, friend, co-worker, etc? ___Yes ___No

If yes, what is the name of that person? _____

Has that person submitted an application yet? ___Yes ___No

Name(s) of team member(s) you would like to share accommodations with at: Los Esclavos Motel in Cuilapa (week of mission) _____

Guatemala City Hotel (final night at the Marriott) _____

Do you have a food preference? ___ No ___ Vegetarian ___ Allergies _____
Other _____

We will do our best to see that your food preferences are provided, if possible.

Notes:

1. Your acceptance will be based on the information provided on this form, the Volunteer Agreement Form, and the Medical Application form – all part of the application process package. You will be notified at a later date about the approval of your application, with instructions about the additional steps required for final acceptance.
2. You will be responsible for arranging your own funding for the costs of the trip.
3. The major costs of the trip will be managed by the GFMMF. You will receive a billing statement explaining the costs, and the deadline for payment, once you have been notified of your acceptance. The expenses covered on the billing statement(s) may include: Plane flights Hotel costs (excluding meals) in Guatemala City the final night only Food and lodging during the mission Transportation to and from Guatemala City, and to and from the mission site Miscellaneous costs such as purified water, hand gel, paper products, etc. Evacuation insurance Others, as outlined on the billing statement.
4. The costs of your voluntary participation may be tax deductible. The GFMMF is a non-profit corporation in the state of New York. You should consult your tax advisor on this matter.
5. Travel arrangements: If you plan to travel (airline reservations) with the group, the GFMMF will make all necessary arrangements to get you to and from the mission site. If you deviate from the group's flight itinerary, you will be responsible for your own arrangements and management of the costs incurred. We encourage you to discuss this with us prior to making any airline arrangements.

6. Since the unexpected may happen, cancellation of the trip may be necessary. In that event you will be notified as soon as possible. All efforts will be made to return money you have paid toward trip expenses, unless you choose to make it a contribution to the GFMMF.

7. Prompt payment is expected for any bills presented by the medical mission and/or the travel agent. Compliance with the timely submission of required paperwork is expected. Deadlines are established and must be adhered to in all matters concerning your participation in the medical mission, including both paperwork and payments. Deadlines will be clearly stated, and will be made available on the web site as well as in the written information you will receive from the medical mission once your application has been approved. You must notify us immediately if you feel you have a justifiable reason for any delay in either the completion of the paperwork or in making timely payments. Failing to do so will put your team position at risk.

Thank You!

Signed: _____

Parent's signature if a minor: _____

Date: _____

Return this form along with a copy of your passport and copies of your medical license if applicable. Remember to include the completed, and signed, Medical Application and Volunteer Agreement forms.

Please mail to:

**Glens Falls Medical Mission Foundation
PO Box 627
Glens Falls, NY 12801-0627**

Volunteer Agreement

Name (please print)

Complete and sign this form. Return it with the Application and the Agreement forms.

Mail to:

GFMMF

PO Box 627

Glens Falls, NY 12801-0627

INTRODUCTION

The purpose of this volunteer agreement is to outline some key points of understanding between those of us participating in the Glens Falls Medical Missionary Foundation project in Nueva Santa Rosa, Guatemala. We ask you to review and agree to provide the requested materials and sign this agreement prior to participation with us.

The goals of this agreement are: To promote understanding between us about the responsibilities we have to each other as members of a medical team in a developing country. To ensure the smooth operation and success of the mission trip. To maximize the comfort and safety of all who participate with us.

What follows is a list of information that is required by GFMMF in order for you to participate in our mission trips. In addition, a list of points of agreement between you, as a team member, and our organization follows.

NOTE: This signed agreement must be received by the designated representative of the Glens Falls Medical Mission Foundation prior to your participation in any of our mission trips.

WHAT IS REQUIRED FROM YOU PRIOR TO THE TRIP

A. A Promise- To maintain a courteous and professional demeanor at all times. To remain as flexible as possible. To try your best to maintain a sense of humor.

B. Professional status and credentials- If you are a licensed or certified health care professional in the US, we require that: 1. You are in good standing in your profession. 2. Your credentials are current. 3. Prior to the trip, you must provide us with two (2) copies of your Diploma and License.

C. Agreement not to bring legal action against GFMMF- You agree that you are participating at your own risk (see below). You or your family agree not to bring legal action against GFMMF (or any of its representatives) should you be injured, become ill, lose work or die as a result of your participation in one of our mission trips.

D. Agreement to follow rules & laws- We are functioning as a partner with the Lions Club of Santa Rosa, and have been invited into the community of Nueva Santa Rosa to do our work. We are colleagues and guests of the community. As such, you agree to follow acceptable rules of conduct as well as the laws of both the U.S. and Guatemala while involved in any of our mission projects. If your behavior is unacceptable, you may be asked by the GFMMF team leader to leave the mission group and the community immediately, at your own expense (but with our help to arrange travel, etc. if you need it).

E. Agreement to provide information as requested and to promptly pay all travel related costs- Prompt payment is expected for all bills presented by the medical mission and/or the travel agent. Deadlines are established and must be adhered to in all matters concerning your participation in the medical mission, including both paperwork and payments.

INFORMATION YOU NEED TO KNOW

A. Passport- You need a valid passport to travel internationally. Applications can be made through the Passport Agency of your local County Municipal Center (Warren County, for instance). It can take considerable lengths of time to finally receive it, so we recommend you apply as early as possible.

B. Health insurance- We suggest that you consult your medical insurance policy to find out about your health insurance coverage when you are traveling outside the U.S. If you do not have coverage, we strongly suggest that you consider arranging for a temporary policy or a rider to your current policy that covers you while you are traveling outside the U.S.

C. Participation at your own risk- There are some potential risks we all accept by journeying to a developing country like Guatemala. These include the following (this list is not meant to be all-inclusive). **1.** Contagious health risks (TB, AIDS, other). **2.** Risks of exposure to the tropical environment (sunburn, insect bites, other). **3.** Risks of accidents. **4.** Risks of violence. **5.** By signing this agreement, you indicate that you have considered these factors and have agreed to participate as a team member at your own risk. **6.** You assume responsibility for your own illness or injury sustained on the trip. **7.** Furthermore, you assume all responsibility for any damage to, or loss of, your personal property that you brought with you on the trip.

D. Health and medical precautions- Some travel medicine advice will be available to you through the GFMMF prior to and during the trip. This service is free, except that we ask you to pay costs for any vaccines, which are obtained by you. If you have any pre-existing medical conditions, you should consult your own physician prior to participating in a mission trip to see if any special precautions for travel are required.

E. Information about your health- The GFMMF team leader should know about any important medical problems which pre-exist or which may develop during the trip involving any participant. Of course, there will be medical expertise and materials on the trip. Should you become ill, you can expect the very best medical attention we can provide under the circumstances that exist in Guatemala.

F. Travel- Your participation is as a volunteer. The GFMMF is not responsible for costs- any costs you incur during the trip and you are responsible for all of your own funding. Some costs will be managed by the GFMMF. You will be required to pay for these costs prior to the trip. These may include: **1.** Plane flights. **2.** One night hotel cost (excluding meals) in Guatemala City. **3.** Food and lodging during the mission. **4.** Transportation to and from the mission. **5.** Others, as outlined on the billing statement you will receive after acceptance.

GFMMF is a not-for-profit corporation incorporated in the State of New York and some of your costs may be tax deductible. You should consult your tax advisor or accountant to pursue this matter.

You will be billed for, and are responsible for, payment of these costs. Prompt payment is expected for any bills presented by the medical mission and/or the travel agent. By signing this agreement, you are indicating you understand, and accept the mission's policy, that should you fail to meet the scheduled deadlines for either paperwork or payments your name will be removed from the team list and another name from the 'wait list' will replace yours. Deadlines will be clearly stated, and will be made available both on the web site and in the written information you will receive from the medical mission once your application has been approved. You must notify us immediately if you feel you have a justifiable reason for any delay in either the completion of paperwork or making timely payments. Failing to do so will put your team position at risk.

G. Cancellation policy- The GFMMF reserves the right to reject any individual's application at any time prior to the departure of the trip should its representatives determine that your participation in the mission might be detrimental to yourself or the mission. Since the unexpected may happen, cancellation of the entire trip may be necessary and in that event: You will be informed as soon as possible. All reasonable efforts will be made to recover and return any

money you have paid towards trip expenses. Alternatively, you may choose to donate your refund as a charitable contribution to the GFMMF.

I, the undersigned, have read and fully understand the above requirements and information regarding participation in the GFMMF Project Guatemala mission trip. I represent that I have the professional or other training necessary for me to adequately and safely fulfill my identified role on the mission. Further, I, for myself, my estate, my heirs and successors, hereby covenant and agree to hold the Glens Falls Medical Missionary Foundation, Inc., its officers, directors, members, agents, and employees harmless and to indemnify them from any and all liability for injury, loss, claims or damages from any cause to person or property arising out of my involvement in the mission, all actions and travel related to the mission and conduct in connection with the mission, regardless of negligence.

SIGNED _____

DATE _____

UNDER 18 PARENTAL SIGNATURE

Medical Application

Name (Please Print)

Complete and sign this form. Return it with the Application and the Agreement forms.

Mail to:

GFMMF

PO Box 627

Glens Falls, NY 12801-0627

Dear Applicant,

You are about to go on an incredible adventure. The Glens Falls Medical Mission will take you to a small town in Guatemala, which has no modern medical care. During the mission you will be working under difficult conditions. It will be hot (~90 F), humid, and dirty. Clinic hours are long, about 10+ hours a day, and we see up to 450 patients each day. The working conditions can be physically and mentally stressful.

Because of the altitude, malaria is not considered a risk, but Dengue fever is possible. Gastroenteritis is common. (You will receive more information regarding this in future literature.) We will sleep in a reasonably clean hotel, the food is safe, and we provide safe drinking water. If you get sick, we will do our very best to take care of you, but if the medical care you require is not available, you might have to be airlifted to Miami for treatment. You must realize that we will not have the advantage of lab tests, CT scans, or a safe hospital environment in which to provide extensive medical care for you.

Therefore, we cannot accept you as a volunteer if we feel that your life or health will be at risk. In the past, we have had some "close calls" with volunteers whose medical conditions were unstable. Please be honest in filling out this form. Your life may depend on it! Include any information that would be needed if emergency medical care is necessary. Specifically, please state whether you have problems such as active inflammatory bowel disease, pregnancy, recent major surgery, type I diabetes or asthma in less than perfect control, psychological problems, or any significant medical problem that could put your life or health in danger if state of the art medical care is not immediately available!

This form will be reviewed by the physician in charge of the mission, who will determine if you are an acceptable candidate. It will then be kept sealed and confidential unless it is needed in the event you become sick while in Guatemala. It will be destroyed after the mission is complete. We encourage you to share this information with your regular medical provider, and to seek his or her advice on your medical ability to participate in the mission. This is especially important if you have any chronic medical issues, or have recently been under medical care for an acute condition.

Required vaccines:

Tetanus (within the last 10 years – preferably only 7-8 years) Yes? ___ No? ___

If yes, what is the date of your last Tetanus shot: _____

If no, get the vaccine promptly.

Hep B series Yes? ___ No? ___ (series of 3 injections – initial and then at 1 month and at 6 months – get at least the first two – you can get the final injection later at the 6-month mark).

If yes, dates of Hep B series: _____, _____, _____

Hep A series Yes? ___ No? ___ (initial injection with a booster in 6 months – get at least the initial injection – you can get the booster later at the 6-month mark).

If yes, dates of Hep A series: _____, _____

Note: These immunizations are mandatory for participation. If you have not had them, do so promptly and inform us of the dates once you have had the vaccines.

Please list your current active health problems and treatments. This would include, but not be limited to such conditions as high blood pressure, diabetes, heart disease, bipolar disorder, etc. Include any physically handicapping conditions. Use the back or attach another page if necessary.

Most recent BP _____/_____ Weight _____

Medication allergies: _____

Disease/disorder and Current Treatment: drug, strength, frequency

1. _____

2. _____

3. _____

4. _____

Please list any other medications, supplements, herbals, etc. that are not listed above.

Have you ever had any surgery? Please state when and what the surgery was for:

Comments or concerns:

Bring all of your own medications! You should bring the full 10+ days supply in your carry-on, with extra in your checked luggage. We cannot supply your routine medications, and you cannot buy them there!

Bring a copy of your medical insurance card. We carry evacuation insurance on all volunteers, but we do not carry medical insurance on you. You are responsible for any medical bills you incur on this mission. You may want to consider purchasing travel health insurance.

In case of emergency, notify:

Name: _____

Address: _____

Telephone: _____

Email: _____

I have read the above and understand the possible medical risks. I have provided accurate information on my current health condition.

Signature _____

Date _____

Parent's signature if a minor _____

Date _____

Revised FEB 2005

**PLEASE RETURN ALL 3 FORMS TO:
Glens Falls Medical Missionary Foundation
PO Box 627
Glens Falls, NY 12081**