

Glens Falls Medical Mission Foundation



PROJECT GUATEMALA

www.gfmmf.org

Please retain the following information, as well as the Volunteer Agreement for your own reference.

Return only the completed, and signed, Volunteer Application and Medical Application forms along with a copy of your passport and (2) copies of your medical license, if applicable. You may download the forms and complete them on your computer, then print them out and mail them. Print yourself a copy.

Dear applicant,

If selected for our team, the trip is guaranteed to be an incredible adventure. The Glens Falls Medical Mission will take you to the small town of Nueva Santa Rosa in Guatemala, which has limited medical care. During the mission you will be working under difficult conditions. It will be hot, 80 degrees or higher, 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.

Remember to ask about the location of post or pre-mission trips. For instance, if going to Tikal, anti-malarial precautions may be recommended. While we have never encountered a concern regarding malaria. We suggest that you discuss this with your doctor and consider their advice.

Dengue fever is possible, and gastroenteritis is sometimes common. (You will receive more information regarding this in future literature.) You will sleep in a reasonably clean hotel, the food is safe and very good, and we provide safe drinking water. If you get sick, we will do our very best to take care of you. You must realize that we will not have the advantage of complete lab tests, CT scans, or a safe hospital environment in which to provide extensive medical care for you. If the medical care you require is not available, we do maintain evacuation insurance and you may have to be airlifted to Miami for treatment.

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 the medical form.** 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!

Bring all of your own medications! You should bring the full 9+ days supply in your carry-on, with extra in your checked luggage. We cannot provide your routine medications, and you cannot buy many of them there!

Bring a copy of your medical insurance card. While we carry evacuation insurance on all volunteers, 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.

The Medical Application will be reviewed by a qualified physician, who will determine if you are an acceptable candidate. It will then be kept confidential unless it is needed in the event you become sick while in Guatemala. **We encourage you to share this information with your regular medical provider, and to seek their 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.**

Glens Falls Medical Mission Foundation

PROJECT GUATEMALA

www.gfmmf.org

VOLUNTEER AGREEMENT TERMS

IMPORTANT:

Please read this agreement thoroughly and retain this copy for your own records. You will then be required to sign a statement on the Volunteer Application confirming that you have read, understood and have agreed to comply with all of the following rules, regulations and procedures set forth by the Glens Falls Medical Mission Foundation prior to your participation with us.

INTRODUCTION

The purpose of this volunteer agreement is to outline some key points of understanding for anyone considering participation in the Glens Falls Medical Mission Foundation project in Nueva Santa Rosa, Guatemala. The goals of this agreement are:

- To promote understanding 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 in it.

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

NOTES ON OUR ACCEPTANCE POLICY

- A. Your acceptance will be based on the information provided on the Volunteer Application and the Medical Application forms – both 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.
- B. You will be responsible for arranging your own funding for the costs of the trip.
- C. You are responsible for arranging your own transportation to Guatemala. A few airlines serve Guatemala City, most of the volunteers from the capital District of New York will fly on Delta. However you chose to fly, please book flights that arrive around noon on the first Friday of the mission so we may be processed through Customs and Immigration as a group and travel together to our hotel in Cuilapa.
- D. You are responsible for arranging the last night of your mission accommodations in Guatemala City. Our bus will bring you to the Barceló Hotel by mid-afternoon (Friday). Most volunteers spend the last night (some will stay additional nights) at the Barceló. The hotel provides free airport transportation at the end of your stay. You may book your room online at www.Barcelo.com; be sure to book your room with breakfast included. The hotel is quite reasonable and is accessible to shopping areas. Go with an experienced mission member if wandering far.

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:
 - You are in good standing in your profession.
 - Your credentials are current.
- Prior to the trip, you must provide us with two (2) copies of your Medical License

C. Agreement not to bring legal action against the GFMMF

- You agree that you are participating at your own risk.
- You or your family agree not to bring legal action against the 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 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. Passport

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

INFORMATION YOU NEED TO KNOW

A. 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 such as travel insurance, or a rider to your current policy that covers you while you are traveling outside the U.S.

B. Participation at your own risk

- There are some potential risks you will accept by journeying to a developing country like Guatemala. These include the following (this list is not meant to be all-inclusive):
 - Contagious health risks (TB, AIDS, other).
 - Risks of exposure to the tropical environment (sunburn, insect bites, other).
 - Risks of accidents.
 - Risks of violence. (The Guatemalan Army or local police accompany us to and from the clinic and guard the hotel at night)

- *By signing the Volunteer Agreement, you indicate that you have considered these factors and have agreed to participate as a team member at your own risk.*
- *You assume responsibility for your own illness or injury sustained on the trip.*
- *Furthermore, you assume all responsibility for any damage to, or loss of, your personal property that you brought with you on the trip.*

C. Health and medical precautions

- Some travel medicine advice will be available to you through the GFMMF prior to and during the trip.
- We ask you to pay the 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.
- Unfortunately, we are unable to accommodate anyone with a severe food allergy. Our meals are prepared and eaten communally with no way to isolate individual items. For your safety, please take this into consideration.

D. Information about your health

- The GFMMF team leader should be made aware of 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 and within our medical clinic.

E. Volunteer participation costs

- Your participation is as a volunteer. The GFMMF is not responsible for any costs you incur during the trip and you are responsible for all of your own funding. Spending money at the mission site...probably \$25 or \$35 will do. Souvenirs and similar items are available in Guatemala City, most credit cards are accepted. Traveler's checks are accepted in few places.
- As noted above, you are responsible for the cost of your airfare. Many members spend an extra day or two to see local sites of Antigua, Lake Atitlan and others.
- The mission related costs of the trip will be managed by the GFMMF. You will receive information as to when payments are due, and the deadline for payment. The expenses covered by the mission fee include:
 - Food and lodging during the mission
 - Transportation to and from the mission site
 - Evacuation Insurance
 - Miscellaneous costs such as t shirts, purified water, paper products, etc.
 - A small part of the cost of medicines used at the clinic.
- The GFMMF is a not-for-profit organization incorporated in the State of New York and some of the costs of your voluntary participation may be tax deductible. You should consult your tax advisor or accountant regarding this matter.

F. 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 to the mission.
- Since the unexpected may happen, cancellation of the mission, and thus the trip, may be necessary and unavoidable. In that event:
 - You will be notified as soon as possible.
 - All reasonable efforts will be made to recover and return any money you have paid towards trip and mission expenses. Alternatively, you may choose to donate your refund from the mission as a charitable contribution to the GFMMF.

Glens Falls Medical Mission Foundation

PROJECT GUATEMALA

www.gfmmf.org

VOLUNTEER APPLICATION AND AGREEMENT

Name (please print): _____ Date of Birth: _____

Address: _____

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

Cell (_____) _____ E-mail _____

Preference: Spring Mission ____ Fall Mission ____ Either Mission ____

Occupation/Profession _____

Are you in good health? Yes ____ No ____

What position are you applying for (Please Check) :

Medical Provider* _____ *What clinics would you be willing to work in?

General Medicine _____ Womens Care/GYN _____ Pediatrics _____

Pharmacist or Pharmacy Tech _____ - Dental Provider _____ - Nurse _____ - Translator _____

- ATV (All Terrain Volunteer - which is a general helper) _____ Other _____

If applying as an **ATV**, indicate your area(s) of interest (we will train you): Vision Refraction _____

Crowd Control _____ - Fluoride Applications _____ - Teaching Tooth-brushing _____ -

Assisting in Pharmacy _____ - Education _____ - General Assisting _____

Health Care Provider Degrees (Check): MD ____ - DO ____ - DDS ____ - PA ____ - NP ____ -

RN ____ LPN ____ - R Ph ____ - PT ____ - OT ____ - DPM ____ - Other _____

Please submit a copy of your medical license with this application.

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

* Along with this application, please submit 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.

How well do you speak Spanish? Fluent ____ Some ____ None ____

Do you speak Spanish fluently enough to be a translator? Yes ____ No ____

If you are a provider, can you speak Spanish well enough to do a medical history or physical exam without a translator? Yes ____ No ____

Do you have Red Cross certification in: CPR ____ First Aid ____ ALS ____ PALS ____

Other _____

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

Do you have any particular knowledge, skills, experiences, or connections to other people relevant to this mission? Do you have any special talents or expertise that would enhance your mission experience? _____

Have you been with us before? Yes _____ No _____

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

Do you have a valid passport? Yes _____ No, but I will get one if selected _____

Please enclose a legible copy of the first two inside pages of your passport with this application. We must be able to read your passport number.

Have you ever been convicted of a crime? Yes _____ No _____ If Yes, please describe fully the criminal conviction(s) or findings. A conviction record will not necessarily be a bar to participation.

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:

El Puente Hotel in Cuilapa (week of mission) _____

Team T-Shirt: Please indicate the size you would prefer. S _____ M _____ L _____ XL _____ XXL _____

Do you have a food preference? No _____ Vegetarian _____ Other – please describe _____

We will do our best to see that your food preferences are provided, if possible. We cannot necessarily accommodate severe food allergies

I, the undersigned, have read, fully understand, and hereby agree to comply with the rules, regulations and requirements presented and explained within the accompanying Volunteer Agreement. 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 heir's and successors, hereby covenant and agree to hold the Glens Falls Medical Mission 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.

Signature

Date

Parent's Signature if a Minor

Date

Glens Falls Medical Mission Foundation

PROJECT GUATEMALA

www.gfmmf.org

MEDICAL APPLICATION

Name (Please Print) _____

Complete and sign this form. Return it with the Volunteer Application, a copy of your passport and a copy of your medical license, if applicable. Please mail to: GFMMF, PO Box 627, Glens Falls, NY 12801-0627.

Required vaccines:

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.

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.**

Hepatitis 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 at the next 6-month mark*)
If yes, dates of Hep B series: _____, _____, _____

Hepatitis 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: _____, _____

Have you ever had any surgery? If so, please state when and what the surgery was for:

Do you have any medical conditions or physical limitations the mission should know about?

Are you allergic to any foods, medications or environmental substances? If so, please list:

Any comments or concerns?

Most recent BP _____ / _____ Weight _____

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.*

	Disease or disorder:	Current Treatment:		
		drug	strength	frequency
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

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

In case of emergency, notify:

Name: _____

Address: _____

Telephone: _____ Email: _____

**I have provided accurate information on my current health condition.
I understand and accept the possible medical risks of participating in this mission.**

Signature

Date

Parent's Signature if a Minor

Date

CONSENT FOR MEDICAL TREATMENT

I hereby agree to the performance of any emergency medical treatment, anesthetics and/or operations deemed necessary by an attending physician on:

Print name of applicant

I realize this authority is being granted for domestic and non-domestic territory only while volunteering on this medical mission. I understand that I am responsible for providing medical and accident insurance to cover activities while participating in any Glens Falls Medical Mission Foundation program, PROJECT GUATEMALA.

Signature of applicant (or parent/legal guardian, if a minor)

Date