

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.

Dear applicant,

You are about to go on 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 (~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.

Malaria may present itself at altitudes below 5000 feet. Although the clinic is at an elevation of only 3000 feet ~, we have never encountered a concern regarding malaria. We suggest that you discuss this with your doctor and consider his advice. Remember to ask about the location of post or pre-mission trips. For instance, if going to Tikal, anti-malarial precautions may be recommended. Follow your doctor's advice.

Dengue fever is possible, and gastroenteritis is common. (You will receive more information regarding this in future literature.) You 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 may 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 the medical 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!

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 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.

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 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.**

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VOLUNTEER AGREEMENT

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. 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 submission of paperwork and payments when due. Deadlines will be clearly stated, and will be made available on the web site at www.gfmmf.org as well as in the written information you will receive from the medical mission once your application has been approved and you have been notified of your acceptance. You must contact 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 may put your team position at risk.

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.
- *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.

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.
- Airline arrangements will be made by a travel agency contracted by the GFMMF. Unless otherwise instructed, airline reservations will be made to coordinate the arrival time in Guatemala of all team members. If you deviate from the group's flight itinerary, you will be responsible for your own arrangements, including both the air and the ground transportation, as well as the management of any costs incurred. We encourage you to discuss this with us prior to making individual airline arrangements. You are responsible for the cost of your airfare. If your reservation is arranged through the mission's travel agency, you will be billed by the travel agency for the airline fare
- The mission related 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:
 - One night hotel cost (excluding meals) in Guatemala City, unless otherwise arranged or stipulated
 - Food and lodging during the mission
 - Transportation to and from the mission site
 - Evacuation Insurance
 - Miscellaneous costs such as purified water, hand gel, paper products, etc.
 - Others, as outlined on the billing statement you will receive after acceptance.
- 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.

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VOLUNTEER APPLICATION

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

Address: _____

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

Fax (_____) _____ E-mail _____

Preference: Spring Mission ____ Fall Mission ____ Either Mission ____

Occupation/Profession _____

Are you in good health? Yes ____ No ____

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 _____

Medical Providers: What is your medical specialty? _____

In what clinics would you be willing to work?(Circle)

General Med, Pediatrics, Women's, Triage, Pharmacy, Eyes, Dental

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 -
Education - Administering Vaccines - General Assisting - Hydration

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)?

Health Care Provider Degrees (Circle): MD - DO - DDS - PA - NP - RN - LPN - R Ph
- PT - OT - DPM - Other _____

Please submit two (2) copies 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.

Do you have any particular knowledge, skills, experiences, or connections to other people relevant to this mission? _____

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

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

Do you have a valid passport? Yes ____ No ____

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:

Los Esclavos Motel in Cuilapa (week of mission) _____

Guatemala City (final night at the Marriott Hotel) _____

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.

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

Revised September 2006

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MEDICAL APPLICATION

Name (Please Print) _____

Complete and sign this form. Return it with the Volunteer Application,
a copy of your passport and (2) copies 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
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