

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