



Helping heal the world's children

Instructions

We are so pleased that you have chosen to volunteer with VillageMED for our upcoming medical mission to Carrefour, Haiti.

1. Please complete the entire Application and send it to VillageMED.
2. Additionally, please provide:
 - Copy of your current passport
 - Medical license or diploma/certificate
 - Copy of airline itinerary
 - \$300 deposit (\$900 balance due 30 days prior to departure)
 - Original signed RELEASE AND NOTIFICATION FORM via mail.

3. Send Application by Email

OR

Mail

VillageMED.inc@gmail.com

VillageMED
Haiti MED TEAM
P. O. Box 8476
Richmond, VA 23226
USA

:

Trip Policies and Cancellation Information

4. VillageMED Medical Mission dates are final.
5. All deposits for trip fees are due at the time of application. Deposits are non-refundable. However, deposit may be applied to another VillageMED Medical Mission within 12 months.
6. Trip fees are due in full 30 days prior to the mission start date. Due to the impact of volunteer cancellations on the entire VillageMED Medical Mission, trip fees are non-refundable.
7. Trip cancellations by VillageMED are very uncommon.* VillageMED will notify volunteers of cancellation no later than two weeks prior to mission start date. If VillageMED must cancel a mission, it will fully refund trip fees, or apply fees to another VillageMED mission within the next year at the volunteer's discretion.
8. All volunteers who are accepted to a VillageMED Medical Mission must register with the U.S. Embassy or other relevant embassy in Port-au-Prince, Haiti. *It is strongly recommended that volunteers purchase trip cancellation insurance at the time they purchase their airline tickets.
9. Within 30 days of mission conclusion, all volunteers will be issued a certificate from Village that indicates that they have successfully completed a mission and country orientation, field work, and debriefing session, and are alumni of VillageMED Medical Mission.



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Release and Notification Form

By signing my name below, I _____ acknowledge and agree that I have read, understood, and agreed with the following conditions regarding my expedition provided by VillageMED which is scheduled to take place on the following Mission Dates from _____ to _____ (Mission).

1 I acknowledge and agree that I have been asked to consult a qualified medical practitioner regarding my ability to undertake this expedition/Trip and I have no physical or psychological condition that would preclude my participation or pose an unreasonable risk to others or myself during my Trip. I further acknowledge and agree that I am following my medical practitioner's advice about my possible need for vaccinations and/or medication before and during my Trip.

2 I acknowledge and agree that I have been told that my destination in Haiti (insert medical risk). If a physical or psychological condition should develop, a) VillageMED is not responsible or liable for any delay or inadequacy in my receiving medical treatment, and b) I agree to reimburse VillageMED for any costs incurred in connection with my evacuation and/or hospitalization.

3 I acknowledge and agree that I have been informed and I understand that there are certain obvious risks inherent in any trip to Haiti (including the risk of personal injury and/or death) and I freely and voluntarily accept those risks. I understand VillageMED can neither eliminate all such inherent risks nor guarantee a traveler's personal safety. I also understand that VillageMED nether implies that evacuation is available or possible in the event of hostile circumstances. In the event of an emergency evacuation, I agree to reimburse VillageMED for any costs incurred with my evacuation.

4 In consideration for the services provided by VillageMED in connection with the Mission, I, for myself and my executors, administrators, heirs, next of kin, successors, and assigns, hereby do and shall release, acquit, discharge, and forever indemnify and hold harmless VillageMED, and each and every one of its directors, officers, employees, volunteers, owners, representatives and agents and their respective successors and assigns from and against any and all liability, loss, cost, damage, expense (including reasonable attorney's fees) or other claim or action of any kind that may arise or occur on account of or in connection with the Trip, including without limitation any liability for death, disability, personal injury, property damage, property theft, any claims for negligent acts or omissions or any claims resulting from: acts of God; detentions; government restrictions; delays or cancellations beyond its control; strikes; thefts and other crimes; vehicular accidents; acts of war; civil disturbances; political unrest; sickness or infections; weather; personal mishaps such as slipping and falling; and encounters with hostile governments, individuals, wildlife, plants, and other jungle aspects.

5 I understand that any and all film images made during the Mission in which I appear may be used for publication and/or display to promote AP's non-profit mission and that I will receive no financial compensation for the film image used.

6 If my financial pledge to VillageMED has not been received in full, if my credit card is denied or my check is returned by my bank, I will be responsible for all pledge fees and costs required to fulfill my financial obligation to VillageMED.

7 In the event of my serious personal injury or death during the Mission, I hereby authorize and direct VillageMED to notify the following person(s):

Primary Emergency Contact

Name _____

Address _____

Phone _____

Email _____

Secondary Emergency Contact

Name _____

Address _____

Phone _____

Email _____

Date _____ Signature _____



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Application

Personal Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip/Postal _____

Phone numbers (H) _____ (W) _____ (C) _____

Email _____ Preferred Mission Team and Dates: _____

Female Male

T-shirt size: Small Medium Large X-Large XX-Large Other _____

Occupation _____

Passport # _____ Location issued _____

Date issued _____ Expiration date _____

Travel Information

Please indicate which Medial Team you will join:

Medical Team #1: Dates _____ (or) Medical Team #2: Dates: _____

Are you traveling with another person? Name:

Vegetarian diet requested?

Do you speak Haitian Creole?

- none
- some
- conversational
- fluent



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Application (cont.)

Insurance Information

Personal health insurance policy name and number

Does it cover international travel?

yes no

Emergency Contact Information

Name(s) _____ Relationship _____

Phone numbers (Home) _____ (Cell) _____

Mission Pledge/Payment

A deposit of \$300 (\$313 for PayPal users) is due at the time of application. The trip balance (\$900) is due no later than 30 days prior to departure date. I will pay my deposit via the following:

- Enclosed is my deposit of \$300.
- I have paid my deposit of \$313 via Paypal.

Please mail any payments (in U.S. Dollars) to:

VillageMED
Haiti MED TEAM
P. O. Box 8476
Richmond, VA 23226
USA

Medical Information

Please list any medications you will be taking: _____

Do you have any medication or environmental allergies?

Please describe any health conditions or physical limitations you have:



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Application (cont.)

Immunizations

Malaria is endemic in Haiti where you will be working. Malaria prophylaxis is strongly recommended. It's very important that you consult with a qualified medical practitioner before undertaking a VillageMED Medical Mission. Be sure to review ALL recommended vaccinations and medications with your practitioner.

To help us maximize your experience, please answer the following questions:

What attracted you to this project?

It is not unusual for plans to change during the course of a mission. How flexible are you to changing circumstances and conditions?

How do you cope with last-minute change in plans?

What travel experience have you had in third world conditions? (Including lack of toilet facilities, plentiful insects, very hot, or humid weather.)

Mission teams rely strongly on interdependence, with each team member contributing a vital service to the mission's function. This requires doing your job well and trusting others to do theirs. Do you work well in a team environment?



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Application (cont.)

How do you handle conflict?

For medical volunteers:

Have you worked without access to lab and x-ray facilities?

Have you worked with limited supplies?

Have you had experience examining multiple family members at one time?

What do you expect from your VillageMED Medical Mission?

How did you hear about VillageMED?

Friend: _____

Search Engine: _____

Volunteer Website: _____

Other: _____