HealthCare Volunteer
The Global Non-Profit For Health Care Volunteers

6825 Cielo Vista Dr
PMB # 29
El Paso, TX 79925 USA
Tel: 310.928.3611

www.healthcarevolunteer.com
health@healthcarevolunteer.com

Volunteer Application

FIRST/LAST NAME:_____

Please fill out the following forms and enclose the required items:

Checklist:

_____ General Online Application (Filled out online at www.healthcarevolunteer.com/volunteers/application.php)

_____ Consent for Medical Treatment (this application, must be mailed)

_____ Release of Liability (this application, must be mailed)

_____ C.V. (Emailed or mailed)

_____ 1 copy of Passport (Emailed or mailed)

_____ 1 passport photo (Must be mailed, emailed, or you may post a photo of yourself on your online volunteer profile at www.healthcarevolunteer.com/volunteers/changepics.php)

THE FOLLOWING ARE REQUIRED FOR ALL HEALTHCARE PROFESSIONALS ONLY:

_____ 1 *NOTARIZED* copy of current Professional License (If applicable – for professional volunteers only)

____ 2 Professional References

_____ 1 *NOTARIZED* copy of your diploma from whatever professional school you are seeking volunteer status

_____ 1 Letter of Good standing from whatever state governing body issued your professional license

THE FOLLOWING ARE REQUIRED FOR ALL STUDENTS ONLY:

_____ 1 Letter of Good standing from your school (either stating current enrollment) or letter of recommendation from a faculty member of a full-time professor on school letterhead.

Top 3 Locations in order of first preference: _____

Profession or Skill: (i.e. plumber, surgeon, medical student): _____

Dates you or your team wants to volunteer in our program_____

Once Completed please send to:
HealthCare Volunteer
c/o Volunteer Coordinator
6825 Cielo Vista Dr.
PMB# 29
El Paso, TX 79925

Email: health@healthcarevolunteer.com
www.healthcarevolunteer.com

Phone (310) 928-3611

Updated August 16, 2008

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EMERGENCY

Emergency Contact

Name_____

Relationship to you:_____

Phone_____

List current health problems and physical limitations.

List medications you regularly require.

Please add any additional comments you would like to make on another sheet.

I affirm my qualifications as a candidate for the volunteering team with HealthCare Volunteer. I understand that any misinformation in regard to these requirements will constitute grounds for immediate dismissal from the program without financial refund. I have read the mission statement and purpose of HealthCare Volunteer. Furthermore, I attest that I have or will obtain prior to accepting a volunteer position a current passport and visa that will allow me to enter the country in which I will volunteer. I agree to allow myself to be photographed or video recorded while participating in the program. I also agree to allow any such photographs or video footage that I or another party takes to be used by HealthCare Volunteer for any non-profit purpose. I agree to keep a patient activity log sheet (to be provided), and submit an online weekly report during my volunteer period. In addition, I will complete a volunteer experience evaluation (volunteer survey) upon return to my home country. I also agree to clear and send a complete list of any health equipment or supplies I intend to bring with me on any volunteer activities by sending a full list of items, description and quantity to health@healthcarevolunteer.com. I understand that I am to assume the full cost for the expenses of the trip. I agree to support the values and goals of HealthCare Volunteer while serving with them.

Signed_____

Date_____

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CONSENT FOR MEDICAL TREATMENT

This form must be filled out and signed by ALL volunteers. A copy must be sent to HealthCare Volunteer, Inc. The original Consent for Medical Treatment must remain with the applicant at all times while traveling at the volunteering site.

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CONSENT FOR MEDICAL TREATMENT
I hereby agree to the performance of any emergency medical treatment, anesthetics and 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. I understand that I am responsible for providing medical and accident insurance to cover the activities while participating in HealthCare Volunteer's programs. I affirm that I have international health insurance coverage abroad or will obtain this type of comprehensive coverage prior to volunteering abroad. Furthermore, I agree that I have obtained a physical exam and vaccines as recommended by CDC/NHS or my local health authority, and I have been medically cleared for the volunteering activity to which I am applying. I will also bear all costs for any necessary and non-necessary health treatment while participating in HealthCare Volunteer's programs.

____ _______________
Signature of applicant Date

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AGREEMENT AND RELEASE OF LIABILITY

This form must be filled out and signed by **ALL** volunteers. The **original** Agreement and Release of Liability must be sent to HealthCare Volunteer via mail.

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I, ____(print name of applicant), acknowledge that I have voluntarily applied for a volunteer position through HealthCare Volunteer, a non-profit global organization.

Travel into foreign countries by its own nature offers an unfamiliar and unique environment and risks of injury to both persons and property are inherent. I understand that by my participating in the activities of HealthCare Volunteer, I am indicating my acceptance of these risks, which have been explained to me previously.

I understand that I am responsible for providing my own medical and accident insurance and malpractice liability insurance while participating in HealthCare Volunteer programs. I will obtain all necessary malpractice insurance prior to engaging in any health services activity and take full legal responsibility for all patient care that I render.

In consideration of my agreement to participate, I agree that I will not make a claim against or sue HealthCare Volunteer, its successors, assigns, officers, directors, volunteers, employees, sponsors, or donors for illness, injury, death, loss or damage resulting from my participation in the program or from acts or omissions of HealthCare Volunteer, its officers, directors, employees, volunteers, sponsors, or donors. I hereby release HealthCare Volunteer, its successors, assigns, officers, directors, sponsors, and donors from all actions, claims, rights, demands, damages, obligations, and liabilities that I may have or incur from illness, injury, death, loss or damage with respect to my participation in the program.

I have carefully read this Agreement and Release of Liability and fully understand its contents. The provisions of the Agreement and Release of Liability shall be binding upon my successors and assigns. I am aware that this is a release of liability and a contract between HealthCare Volunteer and me. I am signing this agreement of my own free will.

____
Signature of applicant

Date:

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