

Partners for Rural Health in the Dominican Republic
Application

(by parent/guardian if volunteer is not of legal age).

Rev Sept 2013

Name _____ DOB _____ Male/Female _____

Occupation _____ Current Employer _____

*Passport info for flights and emergencies: Passport # _____ Place of issue of passport: _____

Exp Date: _____ Nationality: _____

Home Address _____

Telephones ____ - ____ - ____ (home) ____ - ____ - ____ (work) ____ - ____ - ____ (cell)

E-mail address _____

Date of Application: _____ I wish to volunteer for: Dec/Jan-yr ____ July/Aug-yr ____ either/both ____

Do you have a health care license? No ____ Yes (type) _____

What level of Spanish? None ____ Some ____ Can interpret ____ Fluent _____

Skills I can contribute: _____

Have you volunteered for this program in the past? Yes ____ When? _____ No ____

Do you have other volunteer experience overseas?

Interpreters, please complete the following:

Name of one reference: _____ E-mail: _____

Telephone #: ____ - ____ - ____

Please list formal Interpreter Training Courses (if any) that you have taken:

Name of course(s): _____ Number of hours or credits received: _____

Name and address of agency offering course: _____

Did you receive a certificate from this course? Yes ____ No ____

Emergency Contact #1 (FIRST CONTACT)

Name _____

Home Address _____ Town _____ State/zip _____

Phones _____ email _____

Emergency Contact #2 (SECOND CONTACT)

Name _____

Home Address _____ Town _____ State/zip _____

Phones _____ email _____

Additional submissions needed now or when accepted:

1. Copy of Passport: You are required to send a clear copy of the photo page in your passport as soon as it is available. To meet immigration rules, it should be valid until 3 months **past** your return date but call us if questions.

2. US Health Insurance carrier _____ Phone number _____

Policy holder _____ Policy number _____

If possible, please send photocopy of insurance card (front and back) and attach to this form. Health Insurance is required.

3. Emergency evacuation insurance is also required. We may have a group policy.

4. Health History Form Form must be submitted at least four weeks prior to the session. Leaders review and carry the forms but do respect privacy when possible. Should an emergency arise, the information can be used to assist in accessing health services for you or coping with an emergency in the field. The health History form is a separate document from the application.

Agreement/Assumption of Risk and Release of Liability for Volunteers

This form must be submitted **with** the application.

Rev. Sept 2013

I, _____ “I” the Volunteer)
(print name) hereby declare and agree as follows:

1. That I have voluntarily agreed to participate in the Partners for Rural Health in Dominican Republic mission during _____(date) (hereinafter referred to as the “Program”).
2. In consideration of being permitted to participate in this program, I voluntarily agree and submit to the following terms and conditions:
 - (A) I am responsible for paying all fees on the schedule provided to me.
 - (B) I understand that the full program cost does not include the following items, and that I am responsible for paying the costs of these items and others:
 - (1) airfare, flight surcharges and airport fees
 - (2) medical evacuation insurance
 - (3) food on selected days
 - (4) passports and visas
 - (5) personal items
 - (6) porter and tips at airports and hotels
 - (7) immunizations
 - (C) If my behavior does not reflect well on the program at any time during the program in the opinion of the Program leader, I understand that the leader shall have the responsibility and the authority to require me to leave at my own expense.
3. I declare that I am able to physically withstand and cope with the rigors of this program, with or without accommodation. If an accommodation is needed, I will let the program know at the time I submit my application.
4. I declare that I have been apprized that there are certain dangers, hazards, and risks inherent in international travel and to persons participating in the Program, including but not limited to force majeure, dangers incident to fire, breakdowns in machinery or equipment, vehicle accidents, acts of governments or other authorities, civil disturbances, strikes, riots, theft, unhealthy conditions, pilferage, epidemics, and quarantines, and which also could include or result in serious or even mortal injuries and property damage. I personally recognize and appreciate that such dangers, hazards, and risks exist, and I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me or which I may suffer, and for all damages or loss to any personal property owned by me, and for any personal injury, or death, or property damage caused by me to others, while I am participating in the Program.

In furtherance thereof I, on behalf of myself, my spouse, my heirs and next-of-kin, my personal representative and my estate, hereby agree to indemnify and hold harmless Partners for Rural Health in the Dominican Republic (PRHDR) and the University of Southern Maine (USM), and any of its agents, officers, Trustees, and employees, from and against any and all claims, demands, actions or causes of action, on account of damage or loss to my personal property, my earning ability or capacity, or to my personal injury, or death, or any loss or damage, or personal injury or death, caused by me to others, which may occur or result directly or indirectly from my participation in the Program. The circumstances of this release are that I desire to travel to the Dominican Republic, to engage in volunteer activities with and for the benefit of Partners for Rural Health for the Dominican Republic (“Partners”) and to live, visit and/or work at Fusimaña and in various rural villages in the Dominican Republic. I

also understand that I may also go to a resort area for relaxation and will go through urban areas during transit. I hereby acknowledge and agree that Partners has advised and hereby advises me that travel to, from and within the Dominican Republic, and living, working and/or volunteering in the Dominican Republic and specifically at the Fusimaña and rural village facilities, ("Volunteer Activities"), involve a substantial risk of loss, damage, sickness, accident or injury, including the risk of serious injury, illness or death. I am further advised that customary American standards of safety and medical treatment are not required in the Dominican Republic and may not be available to me. I warrant and agree that other than being advised that such substantial risks exist, I am not relying on any promise or representation of Partners as to my personal safety and well-being while in the Dominican Republic or engaged in Volunteer Activities. I further acknowledge and agree that I understand that Partners has not undertaken to provide for or warrant the safety of any Volunteer Activities, and that housing, food, transportation, security and all other matters affecting my well-being and safety, if any, may be provided by independent contractors within the Dominican Republic and over whom Partners does not exercise control. I acknowledge and agree that I have assumed and will at all times assume independent responsibility to investigate and evaluate such risks and hereby knowingly accept all such risks. As a condition of permitting me to engage in any Volunteer Activities and to induce Partners to accept me for Volunteer Activities, Partners and I hereby enter into this Agreement/Assumption of Risk and Release of Liability for Volunteers.

In consideration for the mutual promises and covenants exchanged herein, including without limitation the opportunity for the undersigned to engage in Volunteer Activities and to allow me to reside at the Fusimaña facilities, I for myself and my personal representatives, executors, successors, assigns, insurers, subrogation interests, family members, heirs and beneficiaries, hereby release and forever discharge Partners for Rural Health in the Dominican Republic, and The University of Southern Maine and each of their respective current and/or former officers, directors, trustees, employees, agents, contractors, volunteers, affiliates, representatives, contributors, heirs, executors, administrators, insurers and attorneys (collectively, the "Partners' Released Parties"), from any and all actions, claims, debts, costs, expenses, liabilities, obligations, suits, subrogation claims, causes of action, or compensation of any kind or nature whether known or unknown, which the Volunteer now has or ever may ever acquire against the Partners' Released Parties which relate to or arise, directly or indirectly, from Volunteer Activities and any actions or conduct related thereto, whether caused by the negligence of Partners or the Partners' Released Parties or otherwise. I expressly assume all of the above risks and waive any claims against Partners or the Partners' Released Parties in connection therewith, including claims arising from the negligence of Partners or the Partners' Released Parties. This is intended to be a complete and unconditional release of all claims and liabilities to the fullest extent allowed by law. I agree to indemnify and hold harmless, including reasonable attorneys' fees and expenses of defense, Partners and the Partners' Released Parties of and from all claims brought by, on behalf of or in my name arising out of injury, loss or damages of any kind related to or arising from Volunteer Activities.

In entering into this Release Agreement, I agree that I will abide by all reasonable rules, policies, and directives of Partners. I further agree and acknowledge that this Release Agreement and the relationship between me and Partners or the Partners' Released Parties shall be governed by the laws of the State of Maine in the United States of America and that any dispute, or claim with Partners or the Partners' Released Parties shall be subject to the sole and exclusive jurisdiction of the Maine state courts but that all such disputes or claims shall be adjudicated by arbitration under the Maine Uniform Arbitration Act.

I represent and affirm that I have authority to enter into this Release Agreement and have made an informed and independent decision to enter into this Agreement. I also represent and affirm that there is no other understanding or agreement between me and Partners or the Partners' Released Parties concerning the subject matter of this Release Agreement. No person is authorized to change or amend this Release Agreement except in writing, signed by me and the Partners. To the extent I am a minor

under 18 years old and unable to contract on my own behalf, my legal parent or guardian who signs below is agreeing on my behalf and on their own behalf to the terms hereof.

5. In the event that I should require medical care or assistance during my participation in the Program, the leaders may see that such care or assistance is provided. However, I will be solely responsible for paying any cost arising from the provision of such care or assistance.
6. I acknowledge and understand that should I have or develop legal problems with any foreign nationals or governments, I will attend to the matter personally with my own funds. I understand and agree that Partners for Rural Health in the Dominican Republic, and any of its agents, officers, Trustees, and employees, and USM, are not responsible for providing any assistance under such circumstances. In the event that a legal problem with foreign nationals or governments does occur, such event may be cause for dismissal from my participation in the Program.
7. I further agree that this Agreement/Assumption of Risk and Release of Liability shall be construed in accordance with the laws of the State of Maine, which shall be the forum for any arbitration actions or arbitration related lawsuits filed under or incident to this Agreement/Assumption of Risk and Release of Liability. The terms and provisions of this Agreement/Assumption of Risk and Release of Liability shall be severable, such that if any term is held to be illegal, unenforceable, or in conflict with any law governing this Agreement/Assumption of Risk and Release of Liability, the validity of the remaining portions shall not be affected thereby.
8. In signing this Agreement/Assumption of Risk and Release of Liability, I represent and acknowledge that I have been fully informed of and completely understand the content of this waiver of liability and hold harmless agreement by reading it and signing it, and that signing this document is my own free act and deed, and I confirm that no oral representations, statements, or inducement, apart from the foregoing statement, have been made.

9. THIS IS A RELEASE OF LEGAL RIGHTS.

DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTOOD ITS TERMS.

10. I execute this Agreement/Assumption of Risk and Release of Liability under seal for full, adequate, and complete consideration fully intending to be bound by the same.

Assented and agreed to on this _____ day of _____ 20__.

(Signature)

(Printed Name)

If volunteer is under age 18, all parents/legal guardians with custody must sign, with a notary if requested.

(Signatures of all parents or guardians, if under 18 years. Please include printed names.)

Birth date of minor (required)

Notary if requested

Accepted: By Partners for Rural Health in the Dominican Republic and on behalf of Partners Released Parties

By: _____

Employment Services

Volunteer Statement

Part A: (To be completed by private individual volunteers not employed by USM)

I confirm that I am volunteering my services with the understanding that these services are provided for civic reasons and that there is no promise or expectation of compensation for services rendered. I offer my services freely and without pressure or coercion.

Signature: _____

Part B (To be completed by USM employees, including student workers)

I confirm that I am volunteering my services with the understanding that these services are provided for civic reasons and that there is no promise or expectation of compensation for services rendered. My volunteer work is not related to the paid work I do for USM. I offer my services freely and without pressure or coercion.

Signature: _____

Part C (To be completed by supervisor)

I will serve as the supervisor and contact point for any questions regarding this volunteer, who will perform duties as follows:

Signature: _____

Department: _____

Date: _____