



Partners for Rural Health in the Dominican Republic  
[www.prhdr.org](http://www.prhdr.org)

Date \_\_\_\_\_

### Volunteer Application

*Please make sure to complete all information. If the applicant is under the age of 18, this form must be filled out by a parent or guardian.*

### Personal Information

Full Name: \_\_\_\_\_

Gender:

- Male
- Female
- Other: \_\_\_\_\_
- Decline to Answer

Address, including city, state and zip code: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_

Email Address: \_\_\_\_\_

### Occupation

Current Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

### Trip Information

Date of Trip You are Applying For: \_\_\_\_\_

Position You Are Applying For:

- Interpreter
- Intake/ Reception
- Registered Nurse
- Physical Therapist/ Occupational Therapist
- Prescriber
- Other: \_\_\_\_\_

### Passport Information

Passport Number \_\_\_\_\_

Place of issue of passport \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Nationality: \_\_\_\_\_

### Emergency Contact Information

**First  
Emergency  
Contact:**

Full Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
\_\_\_\_\_

**Second  
Emergency  
Contact:**

Full Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_  
\_\_\_\_\_

### Trip Information

Please provide this information to help facilitate your experience and to make any necessary accommodations. Please let any medical or dietary considerations our leaders might need to know about.

Are you a past PRHDR volunteer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any dietary needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____
Any medical considerations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____
Any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: _____

**Related Experience:**

**Educational Background:**

In a few sentences, please discuss your educational preparation and area of expertise:

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**International Experience:**

Please describe any work abroad.

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**What Expertise do you Bring to this Program?**

Please describe your qualifications, strengths and what you feel you bring to this program.

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**Language Rating:**

Spanish is not a requirement to volunteer, unless you are an interpreter. However, it would help us to know your level of Spanish. Please rate your Spanish speaking level below:

- No Spanish
- Beginner Spanish
- Intermediate Spanish
- Advanced Spanish
- Fluent Spanish

**References**

Please provide two references whom we may contact regarding your work experience, specific skill set or suitability for this position.

1. Name

Phone Number

Email address

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2. Name

Phone Number

Email address

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**Volunteer Waiver/ Guidelines**

This is the final step in completing your application form! Please review the waivers below and indicate that you agree.

**Agreement/ Assumption of Risk and Release of Liability for Volunteers**

I hereby declare and agree as follows:

1. That I have voluntarily agreed to participate in the Partners for Rural Health in the Dominican Republic (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:
  - (i) airfare, flight surcharges and airport fees
  - (ii) food during the beach day
  - (iii) passports and visas
  - (iv) personal items

(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 government or other authorities, civil disturbance, 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 cause 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: \_\_\_\_\_

Please check in the box below and sign your name on the line below if PRHDR has your full permission to:

photograph, videotape or audiotape you so that it can be included in our publications which are distributed to the public, for use on our website at [www.prhdr.org](http://www.prhdr.org) and for use in our electronic or printed newsletter as well as on social media.

I understand that once my image is posted on PRHDR's website, the image can be downloaded by any computer user. Therefore, I agree to hold harmless from any claims the following:

- PRHDR's Board of Directors
- All Employees and Volunteers of PRHDR

PRHDR also reserves the right to discontinue use of photos and information about me without notice. A photocopy of this authorization shall be as valid as the original.

I agree

### Volunteer Statement

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.

I agree

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**PARTNERS FOR RURAL HEALTH IN THE DOMINICAN REPUBLIC**

**RELEASE AND AUTHORIZATION TO PHOTOGRAPH, FILM, VIDEOTAPE AND  
AUDIOTAPE**

Please check in the box below and sign your name on the line below if PRHDR has your full permission to:

[  ] photograph, film, videotape and audiotape you so that it can be included in our publications which are distributed to the public, for use on our website at [www.prhdr.org](http://www.prhdr.org) and for use in our electronic or printed newsletter.

I understand that once my image is posted on PRHDR's website, the image can be downloaded by any computer user. Therefore, I agree to hold harmless from any claims the following:

[X] PRHDR's Board of Directors

[X] All Employees and Volunteers of PRHDR

PRHDR also reserves the right to discontinue use of photos and information about me without notice.

A photocopy of this authorization shall be as valid as the original.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE AND AUTHORIZATION TO RECEIVE THE PRHDR NEWSLETTER**

[  ] Please check here if you would like to receive the PRHDR e-newsletter that reports on recent missions to the Dominican Republic and news of interest for our former participants.

\_\_\_\_\_ is the e-mail address I would like PRHDR to use.

Thank you for volunteering for Partners for Rural Health in the Dominican Republic. We look forward to having you join us!