



# Clinicians of the World

*Pursuing a Healthier World*

## CLINICIANS OF THE WORLD VOLUNTEER APPLICATION

**Winter 2018 Hope for Haiti Medical Trip  
January 13 - 20, 2018**

Clinicians of the World is a non-partisan global humanitarian medical organization and is open to qualified medical and non-medical volunteers. All volunteers, whether medical or non-medical, are expected to adhere to the same standards of professional conduct that are expected at any institution or business. Our philosophy is to improve health and promote self-reliance so that people can live productive lives.

### Personal Information

Name (as written on passport): _____			
_____	_____	_____	_____
	Last Name	First Name	Middle Name
Date of Birth (month/DD/YYYY) _____		Male	Female
Address: _____			
City: _____	State/province: _____	Zip/postal code: _____	
Country: _____	Phone: Home: _____	Work: _____	
Cell: _____	E-Mail: _____		

### Passport Information:

Number \_\_\_\_\_ Country of issue \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

I don't have a passport at this time, but will apply for one if my application is approved.

### Emergency Contact:

Relationship \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: : \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**T-shirt Preference:**    Small    Medium    Large    X-Large    2X-Large    3X-Large

Have you ever been charged with or convicted of any crime including either a felony or a misdemeanor as an adult (18 years or older)?    Yes    No

If yes, please describe the nature of the charge: \_\_\_\_\_  
\_\_\_\_\_

### Your Interests and Skills

Prior international or cross-cultural medical, work, or mission experience: \_\_\_\_\_  
\_\_\_\_\_

Which languages do you speak fluently? \_\_\_\_\_  
\_\_\_\_\_

Have you ever served in the armed forces?    Yes    No

Anything else we should know about you? \_\_\_\_\_  
\_\_\_\_\_

## CLINICIANS OF THE WORLD VOLUNTEER APPLICATION

### Education

<b>Highest Level of Education:</b>	High School	Some college	Associate	Bachelors
	Masters	Doctorate		
Profession:	_____			
Specialty:	_____			
<b>Training:</b>	MD/DO (specialty) _____			
	___ PA ___ NP ___ CRNA ___ RPh ___ RN (specialty) _____			
	___ LPN ___ RT ___ PT ___ OT ___ EMT ___ Paramedic _____			
	___ Photographer ___ Carpenter ___ Builder ___ Website developer ___ General Helper _____			
	___ Other specialty (please specify) _____			
Are you certified in	___ BLS	___ CPR	___ ACLS	___ PALS?
Other	_____			

### Professional Licensure Information

Name on Professional license:	_____	___ Same as above
License type:	_____	
License Number:	_____	
State/Province:	_____	
Do you have Prescriptive Authority?:	Yes	No

### Employment Information

Business:	_____	Phone:	_____
Position / Title:	_____		
Address:	_____		
City:	State:	Zip:	Country:
Supervisor:	_____		

### Brief Health History

This information is kept confidential and is being taken for your personal safety. Your answer to these questions will not influence our decision to accept your volunteer application.

**Allergies:** \_\_\_\_\_

**Chronic conditions:** \_\_\_\_\_

Do you have any conditions that may require you to have emergency medications? Yes No

If so, please list? \_\_\_\_\_

Do you have any dietary restrictions? Yes No

If so, please list? \_\_\_\_\_

Can you lift over 25 lbs (11.4 Kg)? Yes No

Please use this space to tell us anything else you feel might be helpful to know, about you. \_\_\_\_\_

\_\_\_\_\_

CLINICIANS OF THE WORLD VOLUNTEER APPLICATION

**Please Read and Sign:**

I HEREBY CERTIFY THAT THE FACTS SET FORTH ABOVE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I AUTHORIZE COW TO INVESTIGATE ANY AND ALL OF THE STATEMENTS I HAVE MADE.

Signature: \_\_\_\_\_ Date(month/DD/YYYY): \_\_\_\_\_

**ACKNOWLEDGMENT OF RISK AND WAIVER OF RESPONSIBILITY**

In consideration of COW arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby voluntarily acknowledge the risk I am undertaking and expressly RELEASE AND FOREVER DISCHARGE COW, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, COW whether or not due to COW's negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss or cost. COW does not provide any type of insurance (medical, liability, travel, medical evacuation, life) for any participants. My signature on this form indicates my full understanding that I must provide my own insurance. COW reserves the right to disqualify at any time during the trip, with no refund, any participant whom they feel is unable to mentally or physically continue. COW also has the right to change the work location for any participant if their further participation will jeopardize the team and/or his/her own safety and enjoyment. COW will not be responsible for any monetary or other issues incurred by person deemed unfit to continue with the mission. This includes, but is not limited to: hotel fees, change of flight fees, communication fees to make other arrangements, and meals. This document shall be construed according to the laws of the state of Minnesota. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document. This General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations or promises. All of the terms hereof are contractual and not mere recitals. I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release.

Signature: \_\_\_\_\_ Date (month/DD/YYYY): \_\_\_\_\_

CLINICIANS OF THE WORLD VOLUNTEER APPLICATION

PHOTO RELEASE

COW requests permission to use photographs and narrative descriptions of participants and the work they do on projects for the purpose of public relations, advertising promotions and fund raising. These photos may be used in, but not limited to: slide presentations, COW Newsletters, and the COW web site. This authorization will remain in effect until expressly withdrawn by me with written notification.

Yes, you may use my photo.

No, I would prefer you not use my photo.

Signature: \_\_\_\_\_ Date(month/DD/YYYY): \_\_\_\_\_

CONFIDENTIALITY POLICY

In the course of your volunteer work for COW, you may have access to or hear about confidential or sensitive information. It is your responsibility not to reveal this information. Information may be used only as it pertains to your work as a volunteer, and it should not be shared with others outside COW. Examples of confidential information include but are not limited to donor or volunteer names, telephone numbers, places of employment, financial information, or other information. Breach of this confidentiality policy may require us to terminate your volunteer status.

I agree that COW may use my name and any photographs and video of me for publicity or promotional purposes without liability or obligation to me. I have read and understand the COW volunteer confidentiality policy as written above and agree to adhere to it.

Signature: \_\_\_\_\_ Date(month/DD/YYYY): \_\_\_\_\_

Thank you for taking the time to fill out this application. We look forward to working with you!

Application checklist:

In order for your application to be considered, the following must be attached:

- \_\_\_ Completed application with signed waiver
\_\_\_ A copy of your Licenses (if applicable)
\_\_\_ A photocopy of your current passport
\_\_\_ One passport size photograph (please write your name on the back)
\_\_\_ Application Deposit (\$100)

Please submit your completed application, via mail, or email, to:

Clinicians of the World
PO Box 116
Rochester, MN 55903
Email: Volunteer@cliniciansoftheworld.org