

Woodland Public Charity

Application checklist:

Thank you for volunteering to implement the ***Access to education, health and safe drinking water program***. Enclosed, you will find a packet of forms and information that will assist you in applying to serve as a volunteer with Woodland Public Charity. Please completed and returned the forms to us 7 weeks before you travel.

Application check list

1. Completed and sign all the documents in this package.
2. Add a brief copy of your CV (resume)
3. Copy of Photo ID or Driver's License
4. Copy of Passport (must be dated 6 months past the date of return from the trip)
5. Electronic photo for your "Volunteer ID". (send it by e-mail to: jorgec@woodlandcharity.org)
6. Submit paper work with the \$675 for Puerto Rico – Caguas trip from March 17 to 22, 2020. (Make your check to **Woodland Public Charity** and send it to: **Westside/Woodland 2130-B Jefferson Street. Kansas City MO 64108 attention Jorge Coromac.**

Volunteers with medical background needs also to include the following:

- a) A copy of your current Medical, Dentist, Dental Hygienist, Audiologist, Registered Nurse license.
- b) A copy of your college degree or transcripts.
- c) A copy of your DEA certificate (for physicians only)

After all of the required information is receive in our office, and the credentialing process is completed, you will be contacted to confirm your participation and availability of travel to Guatemala.

If you have any question please contact Jorge D. Coromac at 816-516-9927 or jorgec@woodlandcharity.org

Thank you!

Woodland Charity - International Volunteer Trip – Registration package 2020

2130-B Jefferson Street. KC, MO 64108 --- www.woodlandcharity.org

Full Name: (as appears on passport):						
Date of Birth:		Place of Birth:		Passport number:		
Expiration Date:		Date of Issue:		Issuing Authority:		
Address:			City:	State:	Zip:	
E:mail:		Cell ph:		Home phone:		
Employer – School or College:			Employer – School or College:			

Emergency contact information:

Primary contact name:		Relationship:		E:mail	
Day/Cell Phone:		Evening phone:			
Secondary contact:		Relationship:		E:mail	
Day/Cell Phone:		Evening phone:			

Health information:

Age:	Height:	Weight:	Blood Type:	T-shirt size: S –M –L –XL – 2X	
List any allergies to medicine or food:					
Medicines currently taking:					
Please list pertinent medical history:					
Name of Health Insurance:					
Policy Number (s):					

Qualifications:

Provider	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP			Specialty:		
Nurse	<input type="checkbox"/> RN <input type="checkbox"/> LPN		Specialty (i.e., ER, Med/Surg, Critical Care, Primary Care, etc.):			
Paramedic	Certification:					
Brief professional Bio --- (medical volunteer please include current clinical assignment)						
Current Licenses - list state(s)						
Language/ Other Skills:						
Volunteer time availability		Puerto Rico	Panama	Ecuador	Mexico	Guatemala
Preferred start/end date:						

How did you learn about this program?

What do you hope to achieve personally and/or professionally through volunteering?

In what ways do you have faith in that you will be able to make an impact on the lives of others through volunteering?

I understand that this application is subject to review by Woodland Public Charity and that background checks and additional interviews, may be involved in this application process. I understand that all information provided in this application process is confidential and will be used by Woodland Public Charity for screening purposes only. I further understand that as a volunteer, I cannot hold Woodland Public Charity liable for any damages or personal injury sustained while en route, or on/or about the site where I will be volunteering.

Volunteer print name:		Signature:		Date:	
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Woodland Public Charity - Conditions of Participation Form

As a Woodland Public Charity (WPC) volunteer, I understand that I will be the face of WPC to those I serve and those with whom I serve. I have read this page and the attached material carefully in considering my participation in this program/project.

I have submitted all required documentation to the WPC Staff.

I am responsible for being aware of and current on all vaccinations and medications that are recommended by the CDC and WPC for entry into the specific country in which I will be serving.

I understand that I must also demonstrate current professional licensure, a current passport, medical evacuation Insurance and any other required documentation before I will be traveling.

I understand that WPC cannot assume liability for my health or safety. As part of WPC's volunteer team, I understand that I must be prepared and responsible to follow every possible procedure of safety for myself, for the people I serve, and my fellow volunteers. I understand that I will be working as volunteer using my skill in different activities and or offering and providing medical care on a crisis situation. I also understand that as part of the WPC team I may be asked to help with duties other than medical to support the team.

As a WPC volunteer I understand that both working and living conditions may vary and privacy cannot be guaranteed (i.e. outdoor showers in out country). Working conditions may include long hours, supplies and equipment that may not meet the standards you are used to working with and flexibility being of utmost importance.

Note: Alcoholic beverages and tobacco products are not permitted in the housing facilities or on the clinic and/or living compounds. I will adhere to the curfews established by WPC Staff. I understand that many things are outside WPC's control, that there may be times where conditions/circumstances change daily, or even hourly. I may be working in one location under a certain set of circumstances in the morning and a different place with different challenges by afternoon, OR there may be days when I do repetitive tasks with minimal supplies. I will stay calm, think first, be deliberate and neither rush nor waste valuable time. I understand that as events unfold I may be called upon to wait, or to move quickly, or to clean up after a day's work, or other tasks as the situation demands. I am prepared to be flexible, including my willingness to accept my assignment to the clinic site designated by the Coordinator and Team Leaders in the field.

I understand the need to approach this experience with a strong sense of patience, humor and stable sense of self. I understand that I may be dealing with a variety of individuals (both patients and fellow volunteers); that emotions may vary from intense to flat-line to giddy. I will remain ready to cut everyone plenty of slack.

We all handle stress differently; add to this unfamiliar and perhaps uncomfortable surroundings and people and the recipe can be volatile. If you believe you can handle these conditions, and can encourage and affirm others in the midst of these conditions, then welcome aboard. If you have doubts as to your performance in this kind of situation, please don't feel bad about reconsidering your participation.

I, the undersigned, have read, understand and accept the conditions of participation.

Printed Name: _____ Signature _____ Date _____

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Woodland Public Charity -- Liability Release and Indemnity Form

I wish to participate in a short-term volunteer development and medical relief trip coordinated by Woodland Public Charity (WPC) a Missouri not for profit corporation in relation to (country to travel) _____. As a volunteer, I understand that WPC has provided an opportunity for me to volunteer my skills to assist people less fortunate. I understand that I may be working in abnormal and/or subnormal work environment or clinical circumstances and that those circumstances may be beyond the control of WPC. I understand that WPC is serving compelling humanitarian needs and is allowing me to perform acts of compassion in cooperation with their larger relief and development efforts. I understand that WPC may not own or provide the facility in which I will work, but that all possible efforts are being made to secure the medicines, supplies and equipment needed to perform the tasks I am willingly undertaking.

In consideration for providing assistance to me in arranging this trip and for the opportunity afforded me to serve, which, as evidenced by my signing this Liability Release and Indemnity Form, I regard as significant, material, and valuable consideration in exchange for this release and indemnity, I the undersigned medical professional, on behalf of myself and my personal representatives, assigns, heirs, distributes, guardians and next of kin, hereby irrevocably, unconditionally, and forever release, discharge, and covenant not to sue WOODLAND PUBLIC CHARITY and any other organization(s) with which I work on the trip, and each of their respective divisions, parents, subsidiaries, member organizations, affiliates, chapters, officers, directors, agents, employees, volunteers, insurers, heirs, assigns and successors in interest, and any and all entities who referred me to WPC (collectively the "Releases"), from any and all claim, demands, liability (under the law of any state or country), fees, expenses and costs of any kind whatsoever that I may have or claim to have on account of or in any way related to or arising from, directly or indirectly, the proposed service opportunity, the cancellation or delay of such opportunity, or the failure to provide future opportunity. Further, I agree to indemnify and hold harmless the Releases from any and all claims, losses, damage, injuries, damage to property or other costs and/or expenses arising from or caused by me in whole or in part, during my travel to and from and by participation in the trip, including without limitation any of the foregoing related to my professional licensure or lack thereof.

I am fully aware of the risks and other hazards inherent on the trip, and I voluntarily assume the risks and all other risks of loss, damage, or injury that may be sustained by me during my travel to and from and by participation on the trip. I also agree that I bear the sole responsibility for any and all medical expenses which I incur during my travel to and from and by participation in the trip, whether for injury or illness, and whether required as a result of said travel or participation or not.

My release specifically includes, but is not limited to, any and all alleged negligent acts, errors, and omissions of any of the released persons or entities. In addition to economic damages, costs and expenses, this release also specifically covers any and all injuries, deaths, and conditions of health, whether or not immediately apparent following my service through WPC, or which may at any time thereafter develop.

As evidenced by my signing this release, I regard the services, time, skills, transportation, vehicles, medicines, supplies, equipment and other related costs and expenses being furnished to me as significant, material, and valuable consideration in exchange for this release, and I value this consideration as a significant, material factor in fulfilling my compelling desire to serve human needs. I have read and fully understand this document. I understand that I may speak with a WPC staff representative about my questions concerning the proposed opportunity. In connection with any portion of this document that I did not understand, I had and continue to have the right to obtain legal advice from an attorney of my choice.

This agreement shall be binding upon all the heirs at law, assigns, and successors in interest of all parties hereto. This agreement may be enforced by any party hereto and/or by any person or organization released in this agreement. I agree that this agreement shall be governed and interpreted by the laws of the state of Missouri.

I warrant that I have fully read and understand this Liability Release and Indemnity Form and voluntarily sign the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to me. I further acknowledge and agree that all references to me with regards to my responsibility, waiver, release, and assumption of risk, to the extent allowed by law, apply to minor children for whom I sign this document as legal guardian or parent.

I hereby authorize WPC to use my name and photographs in any reports of the overall response for which my services have been secured that might appear in newspapers, radio, television, WPC newsletters, or other public relations activities, unless the "no" line at the end of this paragraph is checked. _____NO

Printed Name: _____ Signature _____ Date _____