



**TRUE NORTH MISSIONS
MEDICAL MISSION
VOLUNTEER APPLICATION**

Date _____			
Name (<i>as it appears on passport</i>) _____			
Date of Birth: _____			
Name you commonly go by _____			
Address _____			
Street		City	
		State	
		Zip	
Home Phone _____		Work Phone _____	
Email Address _____			
Occupation _____		Employer _____	
Employers Address _____			
Street		City	
		State	
		Zip	
Medical/Nursing Specialty _____			
Language Skills:			
Spanish		Level: 1 2 3 4 5 (Fluent)	Written: 1 2 3 4 5 (Fluent)
Personal Reference:			

Phone	Name		Relationship
T-Shirt Size (Unisex): S M L XL XXL XXXL			



True North Missions

General Release, Waiver, and Assumption of Risk

Please read this general release, waiver, assumption of risk (“agreement”) CAREFULLY before signing it. It is a legal document which affects your legal rights. Please consult an attorney if you have any questions before you sign it.

I, _____ acknowledge that I have applied to work as a volunteer with True North Missions. I am aware and acknowledge the work of True North may involve hazards to my health or life, and dangers which may include risk of injury, illness, or death. As a volunteer, I understand that there are additional dangers inherent in travel in foreign countries including but not limited to traveling in light airplanes or small ships, the possibility that adequate medical facilities may be unavailable should I require them, being resident in and subject to the laws of another country, the chances for crime, terrorism, violence, political unrest or guerilla activity as well as unsanitary health conditions and exposure to disease (i.e. hepatitis, malaria, cholera, polio, and others). I voluntarily agree to assume all of the above risks, and all other risks associated with my participation in the work of True North, whether known or unknown.

As consideration for being allowed by True North to participate in its work, I hereby release and forever discharge True North, their directors, officers, agents, employees, volunteers, attorneys, representatives, assigns and affiliates for any and all claims and demands of whatever kind or nature whether known or unknown that arise out of or are connected in any way whatsoever with my voluntary participation in the work of True North. I also hereby release and forever discharge True North, their directors, officers, agents, employees, attorneys, representatives, assigns, and affiliates for any and all claims and demands of whatever kind of nature, known or unknown, arising from or connected in any way whatsoever with any first aid, medical treatment, or services rendered me during my participation in or in any way related to True North work. I understand and agree that I am not an employee of True North. My work is voluntary only. I understand and agree that True North is under no obligation to provide, and does not provide, workers’ compensation, or malpractice insurance, nor any other employee benefits of any kind.

I understand and acknowledge that this agreement is a binding legal document that affects my legal rights and remedies. I understand that this agreement binds not only me but my spouse, children, heirs, representatives, distributes, guardians, and assigns. I understand and agree that this agreement is intended to be interpreted as broadly and inclusively as permitted under the laws of the State of Missouri. If legal proceedings are filed, I understand they will be tried only in the State of Missouri, and any proceedings will be brought and conducted only before the District Court of the State of Missouri. I agree to be subject to personal jurisdiction and venue in the State of Missouri, and waive any right I may have to commence any litigation, administrative actions or arbitration concerning the work of True North in any form other than the District Court of the State of Missouri.

I understand and agree that if any clause, sentence or provision of this agreement shall be held to be invalid or unenforceable by any court of competent jurisdiction, the unenforceability or invalidity of such clause, sentence or provision shall not affect the validity or enforceability of the remaining terms. I understand and agree that the terms of agreement are contractual and are conditions precedent to my participation in the work of True North and not mere recitals. I understand this agreement may only be modified in writing by both True North representative and myself, and may not be modified orally.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THE CONTENTS. I HAVE HAD THE OPPORTUNITY FOR LEGAL REVIEW OF THIS BINDING DOCUMENT AND CHOOSE TO SIGN IT VOLUNTARILY, CREATING A LEGAL CONTRACT BETWEEN TRUE NORTH MISSIONS AND MYSELF.

VOLUNTEER SIGNATURE _____ DATE _____

PRINT NAME AND ADDRESS _____



INTERNATIONAL HEALTHCARE PROGRAM

CODE OF CONDUCT

True North Missions appreciates your interest in this unique educational and humanitarian experience. In order to make it as positive an experience as possible for everyone involved, it was felt an outline of expectations while on the trip would be beneficial. This experience is made possible through the combined efforts of multiple organizations including medical schools, residency programs, governments, service based organizations (NGO), and faith based groups. We ask that you carefully review these expectations to see if this is the right experience for you.

1. You are a member of a team and as such you may be asked to perform a task not directly related to your training. This helps the rest of the team, please cooperate.
2. We ask that you follow the team leaders' instructions without complaining. These people have invested many hours to make this a good experience for all involved without any reward beyond the satisfaction of a job well done. If you have concerns, please discuss them with the team leaders at the appropriate time.
3. Please treat the native population with respect even though you may not understand or agree with their local customs. **WE ARE THEIR GUESTS.**
4. Please remember you are representing True North Missions and other sponsoring organizations while you are there and we want to leave a good impression for future trips.
5. Please remember we are providing care to some of the most economically, politically, and medically disadvantaged people in the world, the Mayans of Central America. We have very limited resources, so be prepared to do the best you can with what is available.
6. Please remember the areas we travel are somewhat remote, some without roads. A certain level of fitness is required.
7. Please refrain from foul or offensive language.
8. **Please refrain from smoking or alcohol consumption during group activities or in the "bunkhouses".**
9. Please refrain from using electronic devices during group activities (meals and tours). Absolutely no phone calls in the clinics. The mission director will have an emergency phone available (011 502 4518 3616).
10. Recreational drug use will not be tolerated.
11. Please remember that while on any part of this trip, ***each participant is under the authority of the mission director, Dr. Alan Barber.***

Thank you for reviewing these guidelines. This has been a very positive experience for all the participants over the last ten years and we hope you feel the same.

Participant's signature indicates they have read the guidelines and agrees to abide by them.

Participant Signature _____ Date _____