

**Application for Volunteer Service**  
**Project: Primary health care mission trip to Ghana, Africa**  
October 29-November 13, 2010

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

**Emergency Contact Person:**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

**Medical Training and Experience**

Medical Specialty: \_\_\_\_\_ Areas of Interest: \_\_\_\_\_

**NURSES**

Degree/Title: \_\_\_\_\_ Years Experience \_\_\_\_\_

Area: (circle all that apply) OB ER Peds Surg ICU Teaching Other: \_\_\_\_\_

**ALLIED HEALTH**

Profession: \_\_\_\_\_ Areas of Interest: \_\_\_\_\_

**STUDENTS**

(circle) Medical Dental Optometry Nursing Other: \_\_\_\_\_

**Other Strengths, Skills, and Experience**

Briefly describe your spiritual faith. Use the back of this sheet if required.

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Do you belong to a local church? \_\_\_\_\_

Other skills or abilities (foreign languages, etc.)

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Other projects and /or cross-cultural experiences:

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How do you see yourself contributing to this mission?

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**Personal Health Status**

The developing world can present a strenuous and stressful environment to those who are not acclimated to it, so it is important for you to answer all these questions completely.

1. Are you physically fit and free of medical conditions or disabilities, including chronic anxiety and depression that could limit your activities and/or prevent you (and others) from safely performing the volunteer services for which you are applying?

Yes \_\_\_\_ No \_\_\_\_ If no, please give details: \_\_\_\_\_

2. Are you currently taking any medications on a regular basis?

Yes \_\_\_\_ No \_\_\_\_ If yes, please list: \_\_\_\_\_

3. Do you have any dietary restrictions?

Yes \_\_\_\_ No \_\_\_\_ If yes, please describe: \_\_\_\_\_

4. Please list any known allergies: \_\_\_\_\_

**Waiver of responsibility, and assumption of risk:** I, \_\_\_\_\_, hereby acknowledge the inherent risk of international travel and the fact that injury, death, disease, might occur during or as a result of my voluntary service on a mission project, and fully understanding that the risks associated with such service may include, but are not limited to, injury or death by accident, disease, terrorist acts, adverse weather conditions and inadequate medical care, and/or damage to, or loss of, personal property. I, in consideration of the benefits derived from being accepted for service, hereby volunteer my services despite such hazards. I willingly assume these risks and I hereby waive any and all claims against the participating local and international organizations as well as the sponsoring institutions, their officers and employees, and the leaders of the Uxbridge Baptist Church, Northern Empowerment Association and Ghana Rural Integrated Development, for any and all causes in connection with the activities of the above organizations and individuals on the Primary Health Care Mission Trip.

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

**Essential documentation requirements to be included with Application form:**

*(documentation is not required if you have been on a previous Ghana Health Team and your documents are unchanged)*

**All participants:** Recent photo, Photocopy of Passport (if in process please send when received)

**Medical professionals:** Copy of diploma and current license

**Physicians:** Curriculum vitae (and list of surgical privileges if appropriate)

**Students/Residents:** Letter of good standing from dean or dept. chair

**Submit your application by Wednesday, March 31, 2010**

**By email**

Dr. Jennifer Wilson at [jwilson@grid-nea.org](mailto:jwilson@grid-nea.org)

**By fax**

905-852-3531, Attn: Dr. Jennifer Wilson

**By post**

Uxbridge Family Health Clinic

Attn: Dr. Jennifer Wilson

2 Elgin Park Dr.

Uxbridge, ON L9P 0B1

**In person**

Uxbridge Family Health Clinic *or*

Uxbridge Baptist Church