



## Application to the Cap Haitien Dental Institute

Name and Title: \_\_\_\_\_

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

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

### Which quarter would you prefer?

spring (March)  summer (June)  fall (Sep)  winter (Jan)

### How often would you go with CHDI

Once a year  Every eighteen months  Every two years  Other \_\_\_\_\_

### Physical, mental or medical conditions.

Haiti has potential health hazards and risks, very basic medical facilities, limited hygiene facilities (in the field) and extreme weather. Do you have any physical limitation(s) or health condition(s) (mental or physical) that could limit your participation or require accommodation?

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**Family and Friends:**

Briefly describe how your family and friends either supports or disapproves your volunteer efforts with CHDI.

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**Passport Information (a copy is acceptable):**

All passport information must be as it appears on the passport!

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

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

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

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

Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Authority: \_\_\_\_\_

**Additional Information:**

State License number (if applicable) \_\_\_\_\_

**Two emergency contact persons:**

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

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

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

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

**Consumable Sterile Products:**

It is difficult and expensive for CHDI to supply all the consumable products for an entire dental health team. For this reason, we ask that team member supply his or her own gloves, masks etc. Will you be able to consent with this request? Yes  No

### **Projected cost and payment:**

The expense to the dental volunteer is \$1,300. This amount covers one night hotel in Fort Lauderdale FL., transportation to Fort Lauderdale airport, round trip airfare to Cap Haitien, Haiti, six nights hotel in Cap Haitien, Haiti, five breakfast and six evening meals in Cap Haitien, Haiti and all ground transportation in Cap Haitien, Haiti. These costs are based upon double occupancy in Fort Lauderdale and Cap Haitien. This amount does not cover airfare to and from Fort Lauderdale, bar bills, tips and gifts. A deposit of \$500.00 is due approximately six weeks before the projected departure date. The balance of \$800.00 is due four weeks before the departure date. All checks are to be made out to the "Cap Haitien Dental Institute, 628 Main Street, Vermilion Oh 44089", are non-refundable and tax deductible. If for any reason the departure from Cap Haitien, Haiti is delayed for, any reason (i.e. weather, delayed and/ or cancelled flights) the Cap Haitien Dental Institute is not responsible for additional costs for meals, rooms or other transportation arrangements that may have to be made.

### **MEDICAL LIABILITY RELEASE**

I, \_\_\_\_\_, acknowledge that I have applied to work as a volunteer with Cap Haitien Dental Institute. I am aware and acknowledge the work of Cap Haitien Dental Institute 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 to developing countries, including but not limited to the possibility that adequate medical facilities may be unavailable should I require them; being resident in and subject to laws of another country, the chances are increased for crime, terrorism, violence, political unrest 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 volunteer work for Cap Haitien Dental Institute, whether known or unknown, and hereby release Cap Haitien Dental Institute and its representatives from any liability that may arise as a result of my service as a volunteer.

In addition, in case of unconsciousness or inability to release myself for medical treatment resulting from illness, injury or an accident while serving with Cap Haitien Dental Institute, which requires medical attention, I, \_\_\_\_\_, give my permission to Cap Haitien Dental Institute, its representatives and all attending health care professionals to receive medical treatment, to hospitalize, anesthetize or perform surgery on me as required. I, \_\_\_\_\_, do release, acquit, discharge and covenant to hold harmless Cap Haitien Dental Institute and its

representatives from all actions, damages or liabilities arising out of treatment of any illness, injury or accident incurred during my involvement with Cap Haitien Dental Institute. It is the intention of this release that the above Cap Haitien Dental Institute and its representatives incur no liability whatsoever while attempting to meet all the medical needs that I may require for the duration of my volunteer period.

In addition, the Cap Haitien Dental Institute will not be held liable, for the theft and/or loss of property including but not limited to luggage and its contents, economic loss, or damage of any other kind.

**Applicant's Signature:** \_\_\_\_\_

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