



## ROCKBRIDGE-HAITI MEDICAL ALLIANCE

C/O DR. W. KERSCHL  
55 COMFORT WAY, SUITE 1  
LEXINGTON, VA 24450  
ROCKBRIDGE-HAITI@HUGHES.NET

Dear Prospective Team Member,

The Rockbridge-Haiti Medical Alliance (RHMA) is an ecumenical Christian partnership serving the health needs of the impoverished people of Fond Pierre, Haiti and its neighboring villages.

Thank you for expressing interest in our medical mission to Fond Pierre, Haiti. Spaces are available for both medical and non-medical personnel. We ask that all who wish to travel to Haiti submit an application, allowing us to place persons in viable combinations as medical teams. The Board will review all applications and contact the applicant. We will try to accommodate your preferred dates of travel.

Non-medical personnel are strongly encouraged to apply!

Please include a \$50 non-refundable deposit with your application, made out to Rockbridge-Haiti Medical Alliance; this will be applied toward your travel contribution. The cost of travelling with RHMA is the responsibility of each team member and those who support them through contributions. The average cost for travel is \$1750 and includes airfare, travel insurance, transportation in Haiti, food and lodging in Haiti, as well as the mission's medications and medical supplies.

Please be sure that your passport is valid for at least six months beyond the date of the trip.

*Please address all correspondence regarding applications to:*

RHMA  
c/o Dr. W. Kerschl  
55 Comfort Way, Suite 1  
Lexington, VA 24450

Or via e-mail:  
Rockbridge-Haiti@hughes.net

Thank you for your interest in Rockbridge-Haiti Medical Alliance missions!

**Board of Directors:** Dr. Walter Kerschl | Joshua Harvey | Ursula Keeley | Kelly Tolley | Dorothy Puffer | Craig Campbell | Beth Thompson



# ROCKBRIDGE-HAITI MEDICAL ALLIANCE TEAM APPLICATION

## Committee/Board Use

Received \_\_\_\_\_ Deposit \_\_\_\_\_ Reply date \_\_\_\_\_ Acceptance date \_\_\_\_\_

Action \_\_\_\_\_ Team \_\_\_\_\_ Position \_\_\_\_\_

Name (as shown on passport) \_\_\_\_\_ Nickname \_\_\_\_\_

Passport # \_\_\_\_\_ Expiration date \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Present occupation \_\_\_\_\_ Marital status \_\_\_\_\_

If married, spouse's name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Religious membership or affiliation \_\_\_\_\_

How did you hear about RHMA? \_\_\_\_\_

For which team dates are you applying? \_\_\_\_\_

Education \_\_\_\_\_

Do you have any of the following skills, talents, or hobbies? Explain.

musical instrument(s) \_\_\_\_\_ singing \_\_\_\_\_

mechanical repairs \_\_\_\_\_ photography \_\_\_\_\_

sewing \_\_\_\_\_ French or Kreyol language / level \_\_\_\_\_

writing / journaling / blogging \_\_\_\_\_

other \_\_\_\_\_

What training or experience have you had with:

medicine: \_\_\_\_\_

dentistry: \_\_\_\_\_

nursing: \_\_\_\_\_

wellness training: \_\_\_\_\_

public health: \_\_\_\_\_

Foreign travel to developing countries: \_\_\_\_\_

Previous mission work: \_\_\_\_\_

Why do you want to go on a mission trip to Haiti?

Please write a brief personal statement of faith or spirituality. (use a second page if needed)

Autobiography: Please tell us about yourself. (use a second page if needed)

References

Please list three references (one church and two personal) that we may contact.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

*Note: Because of RHMA values and Haitian culture, the use of illicit drugs is not permitted.*



# ROCKBRIDGE-HAITI MEDICAL ALLIANCE VOLUNTEER AGREEMENT

## Volunteer Responsibilities

I, \_\_\_\_\_, understand and agree to the following responsibilities as a Rockbridge-Haiti Medical Alliance volunteer:

- \_\_\_\_\_ To serve as a positive representative of the Rockbridge-Haiti Medical Alliance at all times, remembering that my role is one of a servant of God, sharing blessings with those in need through unconditional love and support
- \_\_\_\_\_ To share my faith in an appropriate Christian manner through charitable works and without unnecessary proselytizing
- \_\_\_\_\_ To be respectful at all time, not only to RHMA staff members, my team leader, and other volunteers but also to those served by RHMA as well
- \_\_\_\_\_ To cooperate at all times with the team leader concerning our work and life together including daily assignments, food, lodging, and transport, and to stay with the team from beginning to end
- \_\_\_\_\_ To maintain a constant line of communication with my team leader from the time in which I sign this agreement until after the trip has been completed, acknowledging that this will require a minimum of reading e-mails from my team leader
- \_\_\_\_\_ To collaborate with my team leader to collect supplies and/or raise funds to purchase medicines that are needed for our medical mission
- \_\_\_\_\_ To commit to providing my team leader with all needed paperwork (Team Application, Volunteer Agreement, Medical Release Forms, Passport copy, and, if needed, medical licenses and/or Parental Consent Form) by the established due dates
- \_\_\_\_\_ To serve as a cohesive part of the Medical Mission
- \_\_\_\_\_ To perform my volunteering role to the best of my ability

### Terms and Conditions for Travel

- \_\_\_\_\_ To provide my team leader with the total payment of \$1,750.00, including the non-refundable deposit, by the set deadline (unless prior arrangements have been made)
  
- \_\_\_\_\_ To notify my team leader within 45 days of departure if I need to cancel my spot on the team, understanding that cancellation within 45 days of departure will result in only a partial refund of \$1,250.00 from RHMA. *In case of illness or emergency with regard to myself or my immediate family, a full refund minus airfare expense will be provided less the \$50.00 non-refundable deposit.*
  
- \_\_\_\_\_ To recognize that the travel arrangements are made through RHMA regarding dates and departure cities and any deviations, if allowed, will be paid at my expense along with an administration fee of \$50.00
  
- \_\_\_\_\_ To recognize that because I am a member of medical mission team and play a vital role in RHMA's mission, it is important that I travel with the group and agree then to the travel arrangements made by RHMA; therefore, I realize that individual reservations are not permitted (i.e., use of frequent flyer miles or other airline reservations)
  
- \_\_\_\_\_ *When applicable, if I am joining a medical mission within 45 days of departure to the fill the place of a team member unable to go, I will provide RHMA with the reduced total payment of \$1,250.00, including the \$50.00 non-refundable deposit.*

By signing below, I agree to all of the expectations and conditions outlined above.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Team Dates:** \_\_\_\_\_

**Frequent Flyer Member # (Specify Airlines)** \_\_\_\_\_



## ROCKBRIDGE-HAITI MEDICAL ALLIANCE RELEASE OF CLAIM

**I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have, or which my heirs, executors, administrators, or assigns may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to property, real or personal, caused by, or arising out of the RHMA medical missions services. I intend to be legally bound by this statement.**

**I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as health hazards due to poor food and water, diseases, pests, poor sanitation; potential danger from lack of control over local population; potential injury while working; inadequate medical facilities; and acts of God and nature, etc.**

**In witness hereof, I have executed this agreement and this release at**

\_\_\_\_\_  
**(city/state)**  
**on the date of \_\_\_\_\_.**

**Signature \_\_\_\_\_**

**Name (please print) \_\_\_\_\_**



# ROCKBRIDGE-HAITI MEDICAL ALLIANCE MEDICAL INFORMATION AND RELEASE FORM

## Haiti Medical Mission

Departure Date \_\_\_\_\_

Return Date \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Participant another adult on the trip

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Participant's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies and Medications

Physical Disabilities and Health problems—indicate whether you have special needs regarding sleeping accommodations or meals

Blood type \_\_\_\_\_

*Note: If you go on this mission trip, you will be responsible to get the following immunizations before going:*



*Hepatitis A & B, typhoid, tetanus, and PPD (optional), as well as malaria prophylaxis before, during, and after the mission*  
Emergency contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

**Name (please print)** \_\_\_\_\_

**Signature** \_\_\_\_\_

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

**Notarization of Medical Release Form**

**State of** \_\_\_\_\_ **City/County of** \_\_\_\_\_

**On this** \_\_\_\_\_ **day of** \_\_\_\_\_, **before me personally**

**appeared** \_\_\_\_\_ **to me known to be the same person described who executed the within instrument and who acknowledged the same to be the free act and deed thereof.**

**Notary Public** \_\_\_\_\_

**State of** \_\_\_\_\_

**Commission Expiration:** \_\_\_\_\_



# ROCKBRIDGE-HAITI MEDICAL ALLIANCE PHYSICIAN RELEASE FORM

## TO MY PHYSICIAN:

I plan to participate in a medical mission in Haiti. I will be doing manual labor outdoors in a climate that is hot and humid.

Health care facilities may be inadequate or nonexistent.

The Rockbridge-Haiti Medical Alliance recommend the following immunizations and prophylactic medications:

**Hepatitis-A Vaccine:** Two shots, six months apart, protect the liver. Protection begins after the first shot, and the complete series provides lifetime protection.

**Hepatitis-B Vaccine:** Three shots, the first two are given thirty days apart, the third, six months after the first. The vaccine protects the liver and provides lifetime protection.

**Vivotif Berna Anti-Typhoid Capsules:** A total of four tablets are taken one every other day, starting at least eight days before travel. The protection is good for up to five years.

### **Current Flu Shot**

**Choloroquine or Lariam Anti-Malaria:** Dosage: one tablet the week before travel, then one each week during travel, and one each week for four weeks after return (repeated each trip). Alternative treatment for some require you to check with your physician.

**Tetanus:** Booster required every 5-10 years.

**PPD Tuberculosis Test:** Recommended one to two months after return from Haiti.

**Sunscreen:** With an SPF factor of at least 30 is recommended.

Please check with CDC guidelines as this information may not be up to date and certain individuals may need to be assessed by a physician to determine appropriate vaccinations etc.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my current physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

**Physician Consent**

After reviewing the above information and knowing the team member, it is my opinion that no untoward risks would be incurred by this person's participating in a project as described above.

**Signature** \_\_\_\_\_

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

**Physician's Name (please print)** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax :** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Complete this application and include a non-refundable \$50 deposit made out to:  
Rockbridge-Haiti Medical Alliance (the deposit amount will be applied to your financial  
contribution).

Return to:

RHMA

c/o Dr. W. Kersch

55 Comfort Way, Suite 1

Lexington, VA 24450

Or via e-mail:

Rockbridge-Haiti@hughes.net

<http://www.r-hma.org>