



Welcome! We look forward to your joining us for one of Heart Care International's medical mission trips.

## **VOLUNTEER APPLICATION PROCESS:**

1. **Fill out the forms** listed below and email ALL final versions to [betsy@heartcareintl.org](mailto:betsy@heartcareintl.org) and [info@heartcareintl.org](mailto:info@heartcareintl.org):
  - Volunteer Bio/Travel Form (page 3)
  - Confidential Medical History Form (page 4)
2. **Fill out (manually) the Liability Release Form (use link on website) and have it notarized.** Please mail to: HCI, 139 East Putnam Ave, Greenwich, CT 06830.
3. **Scan the required documents** below and email PDF versions to [betsy@heartcareintl.org](mailto:betsy@heartcareintl.org) and [info@heartcareintl.org](mailto:info@heartcareintl.org):
  - Your medical, nursing or professional license (***must have a minimum of 6 months prior to expiration or the host country will not allow you in***)
  - Your medical/nursing diploma
  - Your most up-to-date CV (resume)
  - Color copy of the photo and signature pages of your passport (must have minimum of 6 months prior to expiration)
  - **NEW: Copy of your COVID-19 Immunization card, including dates and doses received**

Why do we need these? For medical team members to volunteer, we must obtain temporary licensure in each host country. Our host countries have very specific and rigid credentialing guidelines. Your credentials must be approved by the host country government BEFORE you can travel.

*Your application for participation will NOT be considered complete until all documents are received.*

## **LOGISTICS AND TIMING:**



A few weeks before your trip we will email you specific details (hotel name/address, hospital contacts, tentative itinerary, etc). Your in-country work schedule will be managed by your team captain and communicated upon your arrival.

As a heads up, you will need to pack a lab coat (required when walking in the hallways of all our host hospitals), your own medical supplies (ie stethoscope), and your own scrubs.

### **COVERED EXPENSES:**

Heart Care International will cover the following expenses for all team members:

- **Airfare:** HCI covers the 'official' trip dates, to and from your local departing city. If you would like increasing your experience by adding to your travel, our travel specialist can assist with those arrangements. Additional charges to your travel are your responsibility.
- **Lodging:** HCI covers double occupancy rooms for all team members. Rooms are covered from the night before your work begins through the night of your last day of work. Additional nights are your responsibility. Also, all personal expenses such as room service, phone and laundry are your responsibility.
- **Local transportation:** HCI covers airport pick-up upon arrival (on the pre-fixed dates) and transportation between the hotel and hospital.
- **Meals:** HCI covers two meals per day. For day shift team members, breakfast at the hotel and lunch at the hospital, and for night shift, dinner at the hospital and breakfast at the hotel.

### **YOUR FINANCIAL PIECE:**

Once you are assigned to a trip, please pay your team dues (annual minimum is \$250):

- HCI depends on our donors and volunteers to help support mission trip expenses. This fee is 100% tax deductible and can be paid online at [www.heartcareintl.org](http://www.heartcareintl.org) (click on the 'donate' button). You may also mail a check to HCI, 139 East Putnam Avenue, Greenwich, CT 06830.



- NOTE: Your travel will be booked after your team dues have been paid. If you prefer to book your own travel in lieu of the team dues, please alert the HCI office at [info@heartcareintl.org](mailto:info@heartcareintl.org).

Again, we are so happy you are interested in joining our team! Please contact us with any questions or concerns at [betsy@heartcareintl.org](mailto:betsy@heartcareintl.org) or [info@heartcareintl.org](mailto:info@heartcareintl.org).



## **VOLUNTEER BIO AND TRAVEL FORM**

### **Personal Contact Information:**

Name (as it appears on your passport):

Birth Date

Street Address:

City:

State:

Zip:

Team (PCVICU, Anesthesia, etc.):

Home Phone #:

Work Phone #:

Fax #:

Cell #:

Email Address (which you check frequently):

Name of medical school / nursing school:

### **Travel Information**

Passport #:

Expiration Date\*:

Country of citizenship:

Departing City:

Returning City:

Dietary needs (Kosher, vegetarian, vegan, etc.):

***\*If the expiration date of your passport is within 6 months after the trip date, you will not be allowed into the host country so you must get a new passport. Please allow at least 6 weeks for the new passport to be issued from the date your application is submitted.***



**CONFIDENTIAL MEDICAL HISTORY FORM:**

Date:

Name:

Birth Date:

Home Address:

Home Phone:

Cell Phone:

**Emergency Contact Information**

Contact Name:

Contact Phone #:

Relationship:

Allergies:

Significant medical issues:

Medications taken regularly:

	Drug Name	Dose	Frequency
1			
2			
3			

Primary physician name:

Phone #:

Address: