



Welcome Medical Students!

Thank you so much for contacting us about your interest in participating on one of Heart Care International's medical mission trips.

VOLUNTEER APPLICATION PROCESS: In order to process your application, please:

- 1. Fill out the forms** listed below and email ALL final versions to betsy@heartcareintl.org and info@heartcareintl.org:
 - Volunteer Bio/Travel Form (see attached)
 - Confidential Medical History Form (see attached)
- 2. Fill out (manually) the Liability Release Form (see attached) 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 and info@heartcareintl.org:
 - Your latest CV (resume)
 - Photo page 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**

All travelers will need a US passport. If you are not a US citizen, you may be required to apply for a visa. HCI can supply a letter of invitation with the respective mission details for you to present to your respective consulate, however, the visa application process is the responsibility of the team member.

- 4. Prepare for an interview** (in-person or over the phone).

LOGISTICS AND TIMING:

Upon successful completion of all required application elements, HCI's Chief Medical Officer will confirm the required travel dates and communicate these dates to our travel specialist to begin making your specific travel arrangements.



One week prior to your respective mission, we will email you a pre-trip newsletter, which will contain specific information regarding the hotel and other travel related matters for your review.

Your in-country work schedule will be managed by HCI's Trip Logistics Coordinator and communicated to you upon your arrival in the respective host country.

COVERED EXPENSES:

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

- **Local transportation:** Airport pick-up upon arrival and departure at the end of the mission (on the pre-fixed dates) and transportation between the hotel and hospital are all covered by HCI.
- **Meals:** Two meals per day are covered by HCI. For day shift team members, breakfast at the hotel and lunch at the hospital, and for night shift, lunch and dinner at the hospital.

Airfare and hotel expenses are the responsibility of the medical or nursing student, however, the HCI Travel Coordinator can assist in making reservations in order to ensure that the student is traveling with the HCI team and staying at the same hotel.

Again, we are so happy you are interested to joining our mission. Please contact us with any questions or concerns at betsy@heartcareintl.org or info@heartcareintl.org.



VOLUNTEER BIO AND TRAVEL FORM

Personal Contact Information:

Name (as it appears on your passport):

Street Address:

City, State, Zip:

Birth Date:

Home phone #:

Work phone #:

Fax#:

Pager/Cell #:

Email Address (which you check frequently):

Name of Medical School/ Nursing School:

DIETARY RESTRICTIONS:

Travel Information:

Passport#:

Expiration Date:

Country of citizenship:

Departing city:

Returning city:



CONFIDENTIAL MEDICAL HISTORY FORM

Date:

Name:

Birth Date:

Home Address:

Home Phone:

Work 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:

Address:

Phone:



This information is confidential and used only in case of a medical emergency.



HEART CARE INTERNATIONAL, INC. LIABILITY RELEASE FORM

I, _____, do hereby release Heart Care International, Inc., its agents, directors, officers, representatives, employees, staff and volunteers from any and all responsibility involving my health, safety, or property during or related to the medical missions to the El Salvador, Mexico or Peru which I attend during the period from January 1, 2018 through January 1, 2020, or anything arising there from.

I hereby take full responsibility for obtaining all necessary immunizations for travel to such countries and their cost of such immunizations. I will be responsible for the cost of my transportation to and from the airport (including parking if applicable) from which I depart.

I will also be responsible for obtaining and maintaining any personal health, life, accident, disability and or liability insurance for myself and/or my belongings for the period of time that I am on a medical mission.

Dated: _____

Signature: _____

Notary Public: _____

My Commission Expires:

(In order for this form to be valid, it must be duly executed and notarized. It will be returned to you if not properly executed. Thank you for your cooperation.)

