

American Jamaican Link Charitable Foundation, Inc.

TO: Medical Mission Volunteers

FROM: Dr. Clyde Green, Founder and President
American Jamaican Link Charitable Foundation, Inc.

There are few words to express our sincere thanks and appreciation for your interest, dedication and passion to improve the lives of hundreds of people through this medical mission. Our goal is to provide the highest quality of medical care and educational awareness to many countries indigent citizens. Since 1995, we have conducted numerous medical missions to countries all over the world to provide much needed medical care, medications, educational tools, and much more. We are encouraging participants to help assist us in obtaining donations for medical supplies, medicine, dental hygiene supplies, i.e., toothpaste, toothbrush, mouth wash, and dental floss, as well as financial support. For more details, please review the Mission Wish list on the foundation website: www.usajalink.org.

Our mission is to treat, educate, and encourage those citizens who cannot afford or access medical treatment for various reasons.

AJL's medical missions are geared to focus on eight critical areas:

	Type of Medical Group	Responsibility
Group A-1	Primary Medical	Treat adult and youth who have various illnesses
Group A-2	Ophthalmologist	Examine & treat patients with eye problems and distribute reading glasses
Group A-3	Orthopedic Surgery	Perform minor knee replacement and orthopedic surgery
Group A-4	Support Staff & Healthcare Educators	Promote awareness and increase program visibility
Group A-5	Dentist	Treat patients with minor dental problems
Group A-6	Medical Mission Sponsorship	Establish partnership with civic club, business industries and granting agencies
Group A-7	Evangelist/ Ministerial Team	Establish partnership with local churches
Group A-8	Pharmacy & Pharmacy Tech	Establish partnership with pharmaceutical industries and granting agencies

We have attached the Medical Mission Checklist, the Volunteer Application and the Assumption of Risk. **Please return the completed application and the signed assumption of risk agreement with your reservation six week before the start of the Mission.**

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Medical Mission Fast Facts

Mission Statement: To provide medical care to people who suffer from severe health service shortages, particularly in rural communities

- ❖ Less than 1% of participating physicians are from mission site
- ❖ Over 250,000 people have been served since 1995
- ❖ Rural churches have donated space to treat patients
- ❖ Over 300 surgeries have been performed
- ❖ Over \$300,000 (US) worth of medication has been donated & prescribed to patients
- ❖ AJL's medical missions are 100% voluntary. These missions do not generate profits in any way.
- ❖ \$10,000 – \$30,000 (US Dollars) is the average out-of-pocket cost for United States Physicians per mission
- ❖ Over 75 % of volunteers take vacation to participate in medical mission
- ❖ AJL has not secured any discounts for hotel accommodation, airfare, or transportation

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Medical Mission Check List

- _____ Completed AJL Charitable Foundation Application for Volunteer Service
- _____ Notarized Assumption of Risk Agreement
- _____ Two copies of unexpired passport
- _____ All professional volunteers should provide two photocopies of EACH of the following documents:
 - _____ State Licenses or other Credentials
 - _____ Credentials to Practice your Specialty
 - _____ Current copy of Curriculum Vitae (Doctors only)
- _____ Mini biography
- _____ \$250 Reservation Fee, non-refundable*

* The \$250 reservation fee is requested at sign-up and will be applied toward your participation fee. Applications and supporting documents are needed 8 weeks prior to the trip. Half of the participation fee is due 60 days before the trip and the remaining amount is due 30 days before departure. Because the money is a tax- deductible gift to AJL Charitable Foundation, no money can be returned to you if you cannot make the trip as planned. However, it can be transferred to another outreach if taken within one year. Please send all completed applications and checks to:

AJL Charitable Foundation
114 Ragans Drive
Gray, Georgia 31032
United States of America

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Application for Medical Mission

All Information is Confidential

First _____ Middle _____ Last _____

Date of Birth: _____ T-Shirt Size (circle one): S M L XL XXL XXXL

Sex (circle one): Male / Female Marital Status (circle one): Married / Single / Divorced / Widowed

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Number: _____ Cell Number: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Number: _____ Cell Number: _____

Email Address: _____

PARENT/GUARDIAN INFORMATION (If volunteer is 18 years of age and under.)

Name: _____ Date of Birth: _____

Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Employer: _____

City and State: _____ Phone Number: _____

PASSPORT INFORMATION

Passport #: _____ Place of Issue: _____

Country of Issue: _____ Expiration date: _____

Closest International Airports: _____

MEDICAL/DENTAL/HEALTHCARE VOLUNTEER INFORMATION:

Check all that are appropriate and indicate specialization if any

- | | | |
|--|------------------|---|
| <input type="checkbox"/> Physician: | Specialty: _____ | <input type="checkbox"/> Medical Technician |
| <input type="checkbox"/> Dentist | Specialty: _____ | <input type="checkbox"/> Hygienist |
| <input type="checkbox"/> Veterinarian | Specialty: _____ | <input type="checkbox"/> Dental Assistant |
| <input type="checkbox"/> Physical Therapist | Specialty: _____ | <input type="checkbox"/> Dental Lab Tech |
| <input type="checkbox"/> Nurse Practitioner | Specialty: _____ | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Physician Assistant | Specialty: _____ | <input type="checkbox"/> Pharmacy Assistant |
| <input type="checkbox"/> Nurse | Specialty: _____ | <input type="checkbox"/> Pharmacy Assistant |
| <input type="checkbox"/> Pharmacist | Specialty: _____ | <input type="checkbox"/> EMT |

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Assumption of Risk Agreement for Voluntary Short-Term Medical Mission

I, _____, desire to travel to _____ with AJL Charitable Foundation and to participate in a short – term medical mission organized by AJL Charitable Foundation. I attest that I am at least 18 years old or am a minor whose parent or legal guardian has signed below. I represent and agree as follows:

1. I am aware of the hazards and risks to my person and property associated with overseas medical and humanitarian missionary activities for which I am applying and /or will apply for in the future. Such hazards and risks include, but are not limited to, death or injury by accident, disease including HIV, terrorist acts or acts of war, military or political problems, criminal activity, traffic, poorly constructed roads, weather conditions, sickness, disease, and inadequate medical services or supplies. I volunteer my services on behalf of AJL Charitable Foundation freely and voluntarily despite such hazards and risks and I assume the risks of death, injury, illness, financial expense, and all other damages potentially associated with such risks. I also understand that no list of possible risks is exhaustive and additional unlisted and unforeseen dangers could arise during my participation with AJL Charitable Foundation. I also understand that any emergency medical or trip insurance provided by AJL Charitable Foundation is provided as a convenience and is not my legal right or expectation. I also agree that I and I alone assume responsibility for my safety and for adequate trip, travel, medical, disability and liability insurance.

2. I attest and verify that I am physically able and have no medical conditions which could prevent me from performing the volunteer services for which I am applying.

3. I waive any and all claims for any damages, alleged or proven, which I may incur, or in the future discover, against AJL Charitable Foundation from this date until the end of time. I release any and all leaders and organizations involved with AJL Charitable Foundation from any and all legal liability. I specifically release AJL Charitable Foundation, its leaders and all concerned from any claim of negligence in their duties as leaders or any other charges. In the event that I attempt to make a claim in violation of my release and waiver, I hereby agree to, and shall pay, all legal fees and costs incurred by AJL Charitable Foundation and any other individuals or organizations involved.

4. I understand that during my volunteer service, photos, videos, and audio recordings may be taken in public places of ministry and activity with AJL Charitable Foundation. I agree to release all rights and claims to my image or the use of my image, or to intellectual or property rights to said recordings. I also agree by my signature below that AJL Charitable Foundation may use said recordings for promotion of its charitable organization and causes. I also agree that any such recordings taken by me and given voluntarily to AJL Charitable Foundation may be used for the same purposes and I release all rights and claims to my image or to intellectual or property rights to these voluntarily released recordings.

Signature of Applicant

Printed Name

Date

If the applicant is a minor, check here and by checking this blank, I as a parent or legal guardian assume all risks on behalf of the minor, and release any and all claims against AJL Charitable Foundation for said minor by myself or the minor from the date of this release until the end of time.

Signature of Applicant's Guardian

Printed Name

Date

Notary Seal:

Notary Signature: _____

Notary Expiration: _____