Los Angeles Medical Mission

Returning Volunteer Application 2027

Applicant Information

Full Name
As it appears on your passport

_____ _____ _____ Date _____
Last *First* *M.I.*

Address _____ _____
Street Address *Apartment / Unit #*

_____ _____ _____
City *State* *Zip Code*

Phone _____ Email _____

Emergency Contact _____ _____ _____
Name *Phone* *Relationship*

Name or nickname you would like on name badge _____

Do you speak Spanish? YES ☐ NO ☐

If so, explain language skills (beginner, conversational, fluent, etc.) _____

Please list all relevant specialties or certifications _____

Health Section

Please list any relevant health issues that should be considered: _____

Blood Type _____ Allergies _____

Food allergies or dietary restrictions _____

Other _____

Miscellaneous

Comments/Questions _____

Please attach all relevant documents including MD/DDS/DMD License, MD/DDS/DMD Diploma (Photo Acceptable), Proof of Residency, Nursing License, Copy of National Board Certification, Copy of Passport (ALL MUST PROVIDE) and email to Lamedicalmissionteam@gmail.com the subject line “Application and Documents

Terms and Conditions

I. STATEMENT OF PURPOSE

Los Angeles Medical Mission Team is a non-profit 501(c)(3) corporation officially organized in 2021. It provides assistance to the people of rural Guatemala.

The Los Angeles Medical Mission Team (LAMMT) coordinates its activities with Living to Serve, an organization within the host country. Living to Serve is a Christian, non-profit, non-governmental organization (NGO). They watch over the welfare of low-income families in the area of Alta Verapaz, Guatemala. They coordinate with clinical and surgical volunteer teams to bring healthcare to the rural communities they work with, and their health and education programs uplift as many Guatemalans as they are able to reach. Every individual helped is an investment in the development and empowerment of Guatemala.

The Los Angeles Medical Mission Team is highly aware of the leadership role and the example it must portray in the community, representing Living to Serve and the United States. As a result, we require volunteers to conduct themselves in a manner consistent with conservative standards of conduct. Improper behavior can ruin years of effort to build trust and credibility built in the community and with local organizations. This is true whether our volunteer is in Guatemala City preparing to go on site, on site working, or in Antigua (or any other location) following a period of hard fieldwork. We are guests in the local culture, and, therefore, must be aware of local customs and sensitive to our conduct. The following are the Los Angeles Medical Mission Team and Living to Serve's standards regarding conduct:

1. I am committed to work with all members of the Los Angeles Medical Mission Team (LAMMT) and the Living to Serve Organization in a professional and respectful manner.
2. I agree to refrain from tobacco, alcohol and drug use for the duration of the medical mission at Living to Serve in Santa Cruz. Consumption of alcohol by LAMMT team members and staff is limited to the rest and recovery period while "off duty" and then only in moderate amounts.
3. I agree to follow the laws of Guatemala and of the United States while on this mission.
4. I agree not to leave the work area without the permission of the team leaders and of the Living to Serve coordinator. Avoiding unnecessary risks to team member safety must remain a top priority for all of us.
5. I agree to dress modestly while working at the Living to Serve facility and while conducting outreach service in the community. I will not wear inappropriate clothing, such as tank tops, string tops, tight pants, or shorts, while in the work locations. In local society, tight pants can be sexually misunderstood. This is especially important for those working in triage, local crowd control, or the community I will reserve such vacation attire until my stay in Antigua, and I will remember that while I am in Guatemala, I represent LAMMT at all times.
6. I will refrain from inappropriate behavior and obscene language at all times. I will avoid provocative public displays of affection between volunteers and/or employees as they can be interpreted as immoral.
7. I agree to participate in all the activities where my service is requested or needed.
8. I understand that I will be traveling to another country where facilities are different and the food may be unfamiliar. I will adapt without complaining.
9. I understand that Living to Serve organization is not responsible for any personal valuable items I bring on the mission.
10. I understand that Living to Serve is interdenominational Christian organization that respects all religions and all other beliefs.
11. I am aware that improper behavior can ruin the effort to build trust and credibility that LAMMT and Living to Serve have spent years building in the community and with local partners. I will therefore commit to following all standards of conduct as outlined.

You understand and agree to conduct yourself consistently with the above statements.

At the discretion of Team Leaders, any team member that conducts themselves in a manner that is detrimental to LAMMT's mission may not be invited to participate in future LAMMT projects. Team Leaders are responsible for the overall organization and function of their teams. If circumstances arise and the Team Leader deems it necessary, team members can be sent home during the mission without a refund of expenses.

The Los Angeles Medical Mission team is delighted to have you as a volunteer. The experience will be richly rewarding and, perhaps, even life changing.

II. GENERAL RELEASE AND WAIVER, AND ASSUMPTION OF RISK

PLEASE READ THIS GENERAL RELEASE AND WAIVER AND ASSUMPTION OF RISK ("AGREEMENT') CAREFULLY BEFORE YOU AGREE TO IT. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS ABOUT THIS AGREEMENT, PLEASE CONSULT AN ATTORNEY BEFORE YOU SUBMIT THIS APPLICATION.

1. Assumption of Risk

I acknowledge that I have applied to be a volunteer in the work of the Los Angeles Medical Mission Team. I am aware and acknowledge that the work of LAMMT may subject me to a number of risks and dangers. I understand and acknowledge that the work of LAMMT may involve hazardous or dangerous activities and that my participation in such work may subject me to the risk of injury, illness or death. I have volunteered to participate in the work of LAMMT in Guatemala. I understand and acknowledge that I may be subject to a number of additional risks and dangers involved in transportation to and in Guatemala (including traveling in light airplanes), the risk and danger that adequate medical facilities may not be available should I require medical attention, and the risks and dangers of residing in and being subject to the laws of a foreign country. I have been made aware of the conditions that presently exist in Guatemala, specifically, but not limited to, social and political unrest, guerrilla and terrorist activity, unsanitary health conditions in camps, villages, and other municipalities, including the risk of hepatitis, malaria, cholera, polio, and other diseases. I voluntarily agree to assume all of the above risks, and all other risks associated with my participation in the work of LAMMT, whether known or unknown.

2. General Releases

As consideration for being permitted by LAMMT to participate in this work, I hereby release and forever discharge LAMMT, their directors, officers, agents, employees, representatives, volunteers, attorneys, assigns, and affiliates for any and all claims and demands of whatever kind or nature, whether known or unknown, that arise out of or are connected in any way whatsoever with my voluntary participation in the work of LAMMT.

3. Release Re: Medical Treatment

As further consideration for being permitted by LAMMT to participate in their work, I hereby release and forever discharge LAMMT, their directors, officers, agents, employees, representatives, volunteers, attorneys, assigns, and affiliates from any and all claims and demands of whatever kind of nature, whether known or unknown, that arise out or are connected in any way whatsoever with any first aid, medical treatment or services rendered me during my participation in or in any way related to LAMMT work.

4. Binding Effect

I understand and acknowledge that this Agreement is a binding legal document that affects my legal rights and remedies. I further understand and acknowledge that this Agreement binds not only me but also my spouse, children, heirs, representatives, distributes, guardians and assigns.

5. No Employee Status/No Workers Compensation/No Malpractice Insurance/No Employee Benefits

I understand and agree that I am not an employee of LAMMT because I participate as a volunteer in the work of LAMMT. I understand and agree that LAMMT is under no obligation to provide, and does not provide, workers' compensation or malpractice insurance or any other employee benefits of any kind whatsoever.

6. Scope

I understand and agree that this Agreement is intended to be interpreted and construed as broadly and inclusively as permitted under the laws of the State of California. If legal proceedings are filed, I understand they will be tried only in the State of California.

7. Entire Agreement/Amendment Only by Writing

I understand and agree that this Agreement constitutes the entire agreement between me and LAMMT concerning my participation in the work of LAMMT and supersedes all negotiations and statements made prior to or contemporaneous with the execution of this Agreement. I further understand and agree that this Agreement may only be modified or amended by a writing signed both by me and by an authorized representative of LAMMT, and that this Agreement may not be orally amended.

8. Governing Law/Forum

I understand and agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California. I hereby further agree that any litigation, administrative proceeding or arbitration concerning this Agreement or my participation in the work of LAMMT shall be brought and conducted in the Superior Court of the state of California in and for the County of Los Angeles. I agree to be subject to personal jurisdiction and venue in the state of California, County of Los Angeles, and hereby waive any right I may have to commence any litigation, administrative action or arbitration relating to this Agreement or my participation in the work of LAMMT in any form other than the Superior Court of the State of California in and for the County of Los Angeles.

9. Invalidity of Any Clause

I understand and agree that in the event any clause, sentence or provision of this Agreement shall be held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such clause, sentence or provision shall not affect the validity or enforceability of the remaining provisions.

10. Terms Contractual

I understand and agree that the terms of this agreement are contractual and are conditions precedent to my participation in the work of LAMMT and itis not mere recitals.

11. Release of Identity

I hereby authorize the use of my picture, whether video or still, and/or verbal statements made by me, to the Los Angeles Medical Mission Team or other organizations allied with the Los Angeles Medical Mission Team, in news or promotional material or video.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND BINDING EFFECT. I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO HAVE THIS AGREEMENT REVIEWED BY AN ATTORNEY PRIOR TO THE TIME I SIGNED IT. I UNDERSTAND THAT THIS AGREEMENT IS A LEGAL CONTRACT BETWEEN ME AND HELPS THAT AFFECTS MY LEGAL RIGHTS. I REPRESENT THAT I AGREE TO THESE TERMS AND CONDITIONS KNOWINGLY, VOLUNTARILY, AND OF MY OWN FREE WILL.

CODE OF CONDUCT CONTRACT FOR UNDERAGE VOLUNTEERS

Because Los Angeles Medical Mission Team is a U.S.A.-based relief organization, we require every volunteer under the age of 18 to agree to the following additional terms before participating in any LAMMT-sponsored projects. The minor's parent or legal guardian must also agree to this contract. By submitting an online application, the minor's parents or legal guardian indicate and agree that they will be responsible for the minor's conduct during the entire mission.

1. I agree to conduct myself in a manner consistent with Los Angeles Medical Mission Team policies and, if applicable, the missionary team's standard of conduct and attire, the entire time that I am in Guatemala, and will be sensitive to local customs and cultures as they are made known to me.

2. I will not wear inappropriate clothing and will reserve vacation attire until my stay in Antigua, and I will remember that while I am in Guatemala, I represent LAMMT at all times.

3. I commit to fully abstain from consuming alcoholic beverages or illegal substances at any time during this trip, including the time spent in Antigua and during travel to and from Guatemala.

Parents traveling with volunteers who are 18 years or older may allow underage volunteer(s) to consume alcoholic beverages at their discretion, in Antigua and with the parent(s) present. In such cases, parent(s) assume full responsibility for the underage volunteer's subsequent actions, behavior and/or health condition. In doing so, parent(s) agree to release Los Angeles Medical Mission Team from any and all liabilities resulting from such activities.

In accordance with Guatemala's local laws, absolutely no alcohol or cigarette consumption is allowed for minors who are under 18 years of age. NO EXCEPTIONS.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. YOUR RIGHTS

You have the right to:

- Get a copy of your reported medical conditions / prescription records
- Correct or amend your reported medical conditions / prescription records
- Request confidential communication regarding your reported medical conditions / prescription records
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

II. YOURCHOICES

You have some choices in the way that we use and share information as we:

- Provide disaster relief
- Tell family and friends about your condition
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

III. OUR USES AND DISCLOSURES

We may use and share your health information as we:

- Treat you in case of an emergency
- Run our organization
- Bill for emergency services rendered
- Help with public health and safety issues
- Do statistical research
- Comply with the law
- Work with a medical examiner or funeral director
- Address law enforcement and other government requests
- Respond to lawsuits and legal actions

IV. YOUR RIGHTS

You have certain rights regarding your health information. This section explains your rights and some of our responsibilities to help you.

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. If necessary, we may charge a reasonable fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. A
- We may decline your request, but we'll tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or by mail to a different address. We will say "yes" to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment of treatment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask, who we shared it with, and why.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will ensure the person has this authority and can act for you before we act.
- You can complain if you feel we have violated your rights by contacting us using the information on page 1.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

V. YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- if you are not able to tell us your preference (for example if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Fundraising

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

VI. OUR RESPONSIBILITIES

We can share health information about you in response to a court or administrative order, or in response to a subpoena. In addition,

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach may have compromised your information's privacy or security.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

VII. CHANGES TO THESE TERMS AND CONDITIONS

Los Angeles Medical Mission Team, Inc. reserves the right to change any and all content contained in these terms and conditions and any services offered at any time without notice.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my release from the mission or project.

Volunteer Signature _____ Date _____

****In addition to filling out the online application, please provide a copy of a valid passport (All Passports must be valid for 6 months past departure date), Valid practicing license MD, DDS, DMD, and RN through the duration of the trip, and all other required documents in application to: Lamedicalmissionteam@gmail.com subject line “Application and Documents”.