



2018/2019 Guatemala / Nicaragua Mission Trip Application
New Volunteer Primary Application/ Returning Volunteer Application

(Please print legibly or type)

Please attach a copy of your passport and professional license (if applicable) . If you are interested in being a driver, a valid driver's license as well.

Today's Date: Trip applying for: NOV 2018 JAN 2019 Other:

Name (as it appears on your passport):

Date of Birth: (Month / Date/ Year): Preferred Name:

Mailing address:

City: State/Province: Postal/Zip Code:

Email address:

Phone number: cell/work/home Alternate Phone Number: cell/work/home

Passport Number: Passport Exp. Date: Country:

If you are able to drive a manual/stick transmission, please fill out the next line and provide a copy of your driver's license.

Driver's License #: DL expiration date: State/Province:

Departure Airport: Returning Airport: T-Shirt Size: XS S M L XL XXL

Dates available for travel:

Medical conditions/Food Allergies/Food Restriction:

Emergency Contact Name: Relationship:

Phone number:

I am a: General Dentist Dental Assistant
Specialty Dentist (Please specify): Dental Student
Dental Resident (Please specify): D1 D2 D3 D4
Dental Hygienist Non dental personnel

Do you speak Spanish: Yes, Fluently Yes, I can "get by" I know only the basics No

Do you have any criminal convictions or have any reason to believe you may have a problem with either US or Guatemalan customs? Yes No

Travel Dates (please check all the dates you are available):

November 1-November 12, 2018.....Comitancillo, San Marcos, Guatemala

January 26-February 10, 2019.....Rio Dulce, El Remate, Guatemala

January 26-February 3, 2019, Rio Dulce, El Remate January 31-February 10, 2019, El Remate, Guatemala

Email completed applications to kidsdentist@sbcglobal.net

First time volunteers must fill out a secondary application as well.

## Costs:

**Comitancillo Costs: \$1100 USD + cost of airfare (cost in other currencies will fluctuate with the \$)**

**El Remate Costs: 1 week: \$1400 CDN (Subject to change) + cost of airfare**

**2 weeks: \$1800 CDN (Subject to change) + cost of airfare**

## Information and Code of Conduct:

- A deposit of \$200 is required at the time of initial application. If your application is not accepted, the \$200 deposit will be refunded. Once accepted on the trip, the deposit is non refundable but will be credited to your total trip costs. All other payments must be completed at least 8 weeks prior to the start of your mission trip. Refunds for extenuating circumstances may be granted upon the discretion of the executive director of DFA. Any refunds granted will not include the airfare portion. It is the responsibility of the volunteer to contact the airline for a refund directly.
- Listed above are the minimal recommended travel dates. If you would like to extend your trip either before or after your service time, you need to select your travel dates at the time of your initial application. Any change to those dates will result in a change fee which will be your responsibility to resolve with the airline.
- All DFA travel bookings are to be done by our DFA travel agent. Allowances for alternate arrangements must be cleared by the trip director.
- Drinking: Although some volunteers may enjoy a beer or glass of wine during the work week after clinic, more than two alcoholic beverages will not be tolerated. Our primary responsibility is the work we do and excessive use of alcohol can interfere with the mission.
- Drugs: DFA has a zero tolerance for the use of illicit drugs and can be cause for immediate termination of the trip.
- Smoking: Smoking at the clinic will not be allowed at any time.
- Immunizations: Each volunteer is required to receive the proper immunizations prior to the trip at their own cost. Please consult with your physician.
- Passport: Each volunteer must have an active passport. PASSPORTS EXPIRING WITHIN 6 MONTHS OF THE MISSION TRIP SHOULD BE RENEWED PRIOR TO TRAVEL. Please provide a copy of your passport with initial application.
- Volunteers will only be allowed to perform the tasks that they are allowed to professionally perform or tasks they have been trained to complete.
- Each volunteer is expected to transport one 50 lb bag of supplies provided by DFA to and from Guatemala. A packing list of personal items will be provided to each volunteer and those items are to be purchased and transported by each volunteer at their own cost.
- Each volunteer is required to have active health/travel insurance. Any claims will need to be handled by the individual volunteer.
- Proof of licensure: Each dentist/hygienist is required to submit a copy of their current dental license. Please include with your application.

## **WAIVER AND RELEASE/ASSUMPTION OF RISK AGREEMENT**

I, \_\_\_\_\_ (name), hereby unconditionally release each of Dentistry For All and its officers, and all of their respective heirs, agents, representatives, affiliates and employees from all liabilities and responsibility related to or involving my health, safety or personal belongings for the planned trip to Guatemala, beginning on or about November 1, 2018 or January 26 10, 2019 and presently expected to continue through or about November 12, 2018, February 10, 2019 respectively.

I take full responsibility for obtaining all my immunizations and their costs.

I will also be responsible for any personal health, life accident, disability or liability for myself or my belongings. I will obtain travel insurance to cover any emergency expenses. I am aware that there are hazards and risks to my person and property associated with The Dentistry For All trip. Such hazards and risks include but are not limited to: theft, death, disability, loss of ability to maintain earnings and loss of property due to accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, war, wild animals, and criminal acts. I volunteer my participation on behalf of Dentistry For All despite such hazards and risks, and I assume the risk of death, injury and property damage, and property confiscation associated with such risks, and agree to hold each of Dentistry For All and its Board of Directors, and all of their respective heirs, agents, representatives, affiliates and employees harmless from any liability associated with the foregoing.

I attest and verify that I am physically fit and have no medical conditions that would prevent me from participating on this trip.

I unconditionally waive and release any and all claims for damages which I may have against each of Dentistry for All and its Board of Directors and all of their respective heirs, agents, representatives, affiliates and employees, and I hereby agree to indemnify them against any and all claims, loss, expense, or liability, that any of them may incur as a result of any injury, harm or loss that I may incur or sustain or any claim that may be asserted against any of them by any third party as the result of any such injury, harm or loss.

While on the trip, you are an ambassador not only for your country but also for DFA. The organization has a code of conduct and a reputation and trust that we have worked hard to develop. If you can not adhere to the guidelines and policies we have established, your participation on the trip will be brought to an abrupt end at your own expense.

I have read the complete application and agree to the terms listed above. I fully understand the code of conduct and the waiver. I understand that any violation of the code of conduct can result in immediate termination of the mission at my own expense.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit a required \$200 deposit to reserve a space on the trip.

Deposit is non refundable once your application is accepted.

**Please mark check to state that it is a TRIP DEPOSIT.**

**Application fee should be sent to:**

**Canadians: Dentistry For All, 201-2215 33<sup>rd</sup> Ave SW, Calgary, AB T2T 1Z9 Canada**

**USA: Dentistry For All, 10618 N. Port Washington Road, Mequon, WI 53092 USA**

**First time applicants must complete a secondary application.**

**Email applications to: [kidsdentist@sbcglobal.net](mailto:kidsdentist@sbcglobal.net) or Fax 262-643-4272**

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