

**Mercy Outreach Surgical Team (MOST)/MOST de Mexico
Volunteer Application and Waiver for MOST Programs**

Name:			Date:		
Home Phone:			Cell Phone:		
Home Address:			Email:		
City:	State:	ZIP:	Passport Expiration:		
Occupation:			Employer:		
Work Area and Specialty:			Professional License Number and Expiration:		
Do you have: BCLS __ ACLS __ PALS __ Other ____			Do you speak Spanish well enough to translate?		
Do you have Health Insurance?			You were referred by:		
Do you give MOST permission to use any photos that you are in?					
Are you willing to use personal time off for MOST programs?					
Volunteer Experience:					
In case of Emergency while you are in Mexico, please notify:					
Name:			Relationship:		
Address:			City:	State:	
Home Phone:			Cell Phone:		

Signature _____ **Date** _____

By my signature above:

I acknowledge that I have read and fully accept all the terms and conditions below and those included in the Information and Guidelines for volunteers.

In consideration of being permitted to participate in the work of Mercy Outreach Surgical Team (MOST)/MOST de Mexico, I do for myself, my heirs, personal representatives and agents hereby release and forever discharge the heirs, personal representatives and assigns of MOST/MOST de Mexico of and from any and every claim, demand, action or right of action of whatever kind of nature arising from or by reason of any bodily injury or personal injury known or unknown, death or property damage that results from any accident, illness, or event which may occur as a result of my participation in the work of MOST/MOST de Mexico, whether inside or outside of the territorial boundaries of the United States, or from any activities in connection with MOST/MOST de Mexico work, whether by negligence or otherwise.

I agree to comply with all safety and quality measures required per MOST leadership, including but not limited to the use of appropriate Personal Protective Equipment (PPE) and other safety protocols, as may be directed.

I understand and accept that I could be working and living under hardship or difficult conditions during my volunteer service.

I release any and all of the officers, employees, representatives, contractors and agents and all medical and paramedical personnel from any claim whatsoever who may, on my account, render first aid, treatment, or service to me during my participation in or in any way related to MOST/MOST de Mexico events

I will make no claim against MOST/MOST de Mexico or their employees, representatives, assigns, heir or agents for damage to or theft of any of my personal property if such occurs during my participation in the program. I am not currently under disciplinary action, disability or light duty in my work place. I agree to uphold the highest professional and ethical standards during my term of service and to serve the groups or individuals assigned to our care with dignity and respect. I commit to participate as a team member and to accept leadership from those designated, to be supportive and encouraging to fellow workers and to be flexible as the program develops.