



Thiensville - Mequon
Rotary Foundation
Guatemala Relief Account



201 North Main Street
Thiensville, WI 53092
262-242-6496



The Rotary Clubs of
Mequon & Thiensville
Members of Rotary District 6270

GUATEMALA MEDICAL RELIEF PROJECT (GMRP)

gmrpteam@gmail.com

VOLUNTEER APPLICATION – 2011 MISSION

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Fax (_____) _____

Please list any pre-existing medical conditions with which you have been diagnosed within the last five years that may affect your ability to work or travel abroad. _____

Have you ever been convicted of a crime? No Yes If yes, describe fully the criminal conviction(s) or findings. A conviction record will not necessarily be a bar to participation. _____

Will your participation as a volunteer in the mission, if accepted, be contingent on the acceptance of another person such as a spouse, child, friend, etc? (Each participant is selected based on the goals of the mission, team's needs and available space. Therefore, contingency requests cannot be guaranteed.)

No Yes - Indicate person's name _____

How did you become aware of GMRP? _____

Are you an active Rotary/Rotaract/Interact Member? No Yes/Club _____

Is your spouse an active Rotary/Rotaract/Interact Member? No Yes/Club _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone: Home (_____) _____ Work (_____) _____

Cell (_____) _____ Fax (_____) _____

TRAVEL PREFERENCES

Do you have a food preference? No Vegetarian Other _____

Departure (check one):

Advanced Team - Departs evening of Sunday, January 16th/early morning Monday, January 17th
Limited to 5 people including 2 licensed drivers. Travels 3-4 days prior to the mission to set up clinic.

Mission Team - Departs evening of Wednesday, January 19th/early morning Thursday, January 20

Return (check one):

Immediately following medical mission – Thursday, January 27th afternoon/evening

After Antigua – Saturday, January 29th afternoon/evening

PROFESSIONAL EXPERIENCE & COMPETENCIES

Occupation/Profession _____

Please check all areas of competency:

Internal Medicine

Physician Asst

Pharmacist

Dentist

Family Practice

Registered Nurse

Pharmacy Tech

Dental Asst

Pediatrician

Nurse Practitioner

Ophthalmologist

Dental Hygienist

OBGYN

LPN

Optometrist

Interpreter

Podiatrist

EMT

Optician

Generalist

Psychiatry

Bilingual Health
Educator for Children

Bilingual Health
Educator for Adults

Other: _____

Do you have instructor certification in any of the previously mentioned areas? If so, which one(s)? _____

Are you a student in any of these areas? If so, which one? _____

Briefly, list any international experience assisting persons or programs in other countries. _____

Briefly, list stateside community service projects that you have been involved with, including the degree of cultural sensitivity needed to work with the project beneficiaries. _____

Would you like to be part of the future GMRP planning team and/or mission leadership? Yes No

SPANISH SPEAKING ABILITY

Do you speak any Spanish? No Yes – If yes, check the category that you think best represents your Spanish competency level. This will assist us in making appropriate interpreter assignments.

- 1 **MINIMAL** – I know a few words but I cannot understand or respond to questions.
- 2 **BASIC** – I am able to communicate and understand some Spanish, but I am uncertain in conversation.
- 3 **INTERMEDIATE** – I have gained a fairly solid command of Spanish. I can understand slow, clear speech, but not rapid, complex conversation.
- 4 **PROFICIENT** – I can converse relatively easily, but I am occasionally confused at conversational speed and don't always understand the subtleties of the language.
- 5 **ADVANCED** – I possess a high level of fluency and ability to understand complex information in fast-paced conversation, quickly and accurately, with competency in medical/dental vocabulary. If I possess all of the advanced skills but have not been exposed to medical terminology, I will learn the necessary terms (provided by GMRP) prior to the mission's start.

If you are a provider, can you speak Spanish well enough to do a medical history or physical exam without an interpreter? No Yes

Do you have any training or experience in medical/dental interpreting? No Yes

Additional comments about Spanish speaking abilities _____

SIGNATURE

I, the undersigned, have read, fully understand, and hereby agree to comply with the rules, regulations and requirements presented and explained within the accompanying Volunteer Agreement – 2011 Mission. I represent that I have the professional or other training necessary for me to adequately and safely fulfill my identified role of the mission. Further, I, for myself, my estate, my heir's and successors, hereby covenant and agree to hold Rotary International, District 6270 and the Guatemala Medical Relief Project, its officers, directors members, agents and employees harmless and to indemnify them from any and all liability for injury, loss, claims or damages from any cause to person or property arising out of my involvement in the mission, all actions and travel related to the mission and conduct in connection with the mission, regardless of negligence.

Signature _____ Date _____

Print Name _____

GMRP CONTACT INFORMATION

If you have any questions, please contact the 2011 GMRP Co-Leaders:

Email: gmrpteam@gmail.com

Alicia Nickols 262.643.4469

Barb Johnson 414.228.9206

Please return this Volunteer Application, with payment of \$500 (check payable to Thiensville Mequon Rotary Foundation), at your earliest convenience but no later than August 6 to:

Barb Johnson
ATTN: GMRP
1411 E Hermitage Rd
Bayside, WI 53217