



Welcome NEW and OLD HCI TEAM MEMBERS!

We look forward to your joining us for one of Heart Care International's mission trips to El Salvador, Mexico or Peru.

**VOLUNTEER APPLICATION PROCESS:** In order to process your application, please:

1. **Fill out the forms** listed below and email ALL final versions to [betsy@heartcareintl.org](mailto:betsy@heartcareintl.org) and [info@heartcareintl.org](mailto:info@heartcareintl.org):
  - Volunteer Bio/Travel Form (see attached)
  - Confidential Medical History Form (see attached)
  
2. **Fill out (manually) the Liability Release Form (see attached) and have it notarized.**  
Please mail to: HCI, 139 East Putnam Ave, Greenwich, CT 06830.
  
3. **Scan the required documents** below and email PDF versions to [betsy@heartcareintl.org](mailto:betsy@heartcareintl.org) and [info@heartcareintl.org](mailto:info@heartcareintl.org):
  - Your medical, nursing or professional license (***must have a minimum of 6 months prior to expiration or the host country will not allow you in***)
  - Your medical/nursing diploma
  - Your latest CV (resume)
  - Photo page of your passport (must have minimum of 6 months prior to expiration)

Our host countries have very specific and rigid credentialing guidelines, which must be approved by the host country government in advance of each mission. *Your application for participation will NOT be considered complete until all documents are received by the HCI offices.*

All travelers will need a US passport. If you are not a US citizen, you may be required to apply for a visa. HCI can supply a letter of invitation with the respective mission details for you to present to your respective consulate, however, the visa application process is the responsibility of the team member.



- 4. Once you are assigned to a trip, pay your team dues (minimum donation of \$200):**  
HCI depends on our donors and volunteers to help support mission trip expenses. Upon approval of your application and confirmation of your travel dates, each team member is expected to make a minimum donation of \$250. This fee is 100% tax deductible and can be paid online at [www.heartcareintl.org](http://www.heartcareintl.org), click on the 'donate' button, or by mailing a check to HCI, 139 East Putnam Avenue, Greenwich, CT 06830.



## **LOGISTICS AND TIMING:**

Upon successful completion of all required application elements, your team captain will confirm the required travel dates and communicate these dates to our travel specialist to begin making your specific travel arrangements.

One week prior to your respective mission, we will email you a pre-trip newsletter, which will contain specific information regarding the hotel and other travel related matters for your review. Your in-country work schedule will be managed by your team captain and communicated upon your arrival in the respective host country.

## **COVERED EXPENSES:**

Heart Care International will cover the following expenses for all team members:

- **Airfare:** The fare for the 'official' trip dates will be covered by HCI, however, you will have an opportunity to work with our travel specialist to fine-tune your dates, should you need to customize these dates for personal reasons. Any costs incurred due to these changes will be the responsibility of the individual.
- **Lodging:** Double occupancy rooms will be reserved for all team members based on the individual's schedule. HCI will cover lodging for one night prior to commencement of working schedule through one night post working schedule. Additional nights due to personal requests are not covered. All personal expenses such as room service, phone and laundry are the responsibility of each team member.
- **Local transportation:** Airport pick-up upon arrival (on the pre-fixed dates) and transportation between the hotel and hospital are all covered by HCI.
- **Meals:** Two meals per day are covered by HCI. For day shift team members, breakfast at the hotel and lunch at the hospital, and for night shift, lunch and dinner at the hospital.

Again, we are so happy you are able to join our mission. Please contact us with any questions or concerns at [betsy@heartcareintl.org](mailto:betsy@heartcareintl.org) or [info@heartcareintl.org](mailto:info@heartcareintl.org).



**VOLUNTEER BIO AND TRAVEL FORM**

**Personal Contact Information:**

Name (as it appears on your passport):

Birth Date

Street Address:

City:

State:

Zip:

Team (PCVICU, Anesthesia, etc.):

Home Phone #:

Work Phone #:

Fax #:

Pager/Cell #:

Email Address (which you check frequently):

**Travel Information**

Passport #:

Expiration Date\*:

Country of citizenship:

Departing City:

Returning City:

Dietary needs (Kosher, vegetarian, vegan, etc.):

***\*If the expiration date of your passport is within 6 months after the trip date, you will not be allowed into the host country so you must get a new passport. Please allow at least 6 weeks for the new passport to be issued from the date your application is submitted.***



**CONFIDENTIAL MEDICAL HISTORY FORM:**

Date:

Name:

Birth Date:

Home Address:

Home Phone:

Work Phone:

**Emergency Contact Information**

Contact Name:

Contact Phone #:

Relationship:

Allergies:

Significant medical issues:

Medications taken regularly:

	<b>Drug Name</b>	<b>Dose</b>	<b>Frequency</b>
1			
2			
3			

Primary physician name:

Phone #:

Address: