



**Uganda Mission Volunteer Application**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Volunteer Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell/Mobile: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. Email: \_\_\_\_\_

Position applying for:  Dentist  Dental Assistant  Equipment/support staff

**Dentists:**

Do you hold a current dental license?  Yes  No License # \_\_\_\_\_ State: \_\_\_\_\_

**All Volunteers:**

Do you have a current passport?  Yes  No If yes, expiration date: \_\_\_\_\_

Have you ever been on a International volunteer mission?  Yes  No If yes, which Countries and Dates?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a fellow volunteer that you prefer to be roommates with?  Yes  No If Yes, what is their name?  
\_\_\_\_\_

**Terms and Conditions**

By signing this document below, you acknowledge that you agree to the following terms and conditions.

**Criminal Charges or Convictions**

Given that part of your volunteer activities may be in Ugandan schools and around children, we cannot accept you as a volunteer if you have ever been convicted of any crime involving sexual abuse, sexual molestation or sexual misconduct. Similarly, we cannot accept you as a volunteer if you have ever been named in any lawsuit or charged with any crime involving sexual abuse, sexual molestation or sexual misconduct.

\_\_\_\_\_  
**INITIAL HERE** to affirm that you have *never* been named, charged or convicted of sexual misconduct as explained above.

## Travel

It is your responsibility to carry all necessary documents when traveling abroad. DORF is not responsible for any supporting documents necessary for your travel needs or other purposes.

## Insurance

DORF does not provide you with insurance of any kind. Travel insurance is **mandatory**, and you must purchase this prior to departing on your trip. You are solely responsible for securing the minimal coverages as set forth in the Volunteer manual, and by evaluating and determining the type, extent and levels of any additional insurance coverage you need or desire for your planned volunteer travel period. However, any travel insurance you select **must cover** your entire travel period and **must include** health and emergency medical evacuation coverage.

## Refund Policy

All fees paid to DORF as a part of the Uganda volunteer program are deemed to be charitable contributions, and DORF is, therefore, unable to provide a refund of any fees. Registration fees and program fees are not transferable to other persons.

## Personal Risks

Personal risks are numerous and include such things as disease, sickness, sexual assault, physical assault, threats, property crimes, and death. To understand the risks you are assuming as a volunteer in Uganda, **you agree to read** the following two attached publications: (1) "Statistical Report of Crimes against Volunteers" published by the Peace Corps and (2) "Health Information for Travelers to Uganda" published by the U.S. Centers for Disease Control and Prevention. Furthermore, **you acknowledge and accept the responsibilities and risks** associated with your agreement to travel to, temporarily live in, and provide volunteer services in Uganda. Once again, this travel and volunteer work can be hazardous and involves a certain degree of risk, and includes inherently dangerous activities and personal perils to you, both foreseen and unforeseen, all of which are fully accepted by and solely assumed by you, the volunteer.

The above two reports and documents can be viewed at:

- 1) Health Information for Travelers to Uganda <https://wwwnc.cdc.gov/travel/destinations/traveler/none/Uganda>
- 2) Statistical Report of Crimes against Volunteers:  
[https://files.peacecorps.gov/documents/open-government/2020\\_Annual\\_Report\\_of\\_Crimes\\_Against\\_Volunteers.pdf](https://files.peacecorps.gov/documents/open-government/2020_Annual_Report_of_Crimes_Against_Volunteers.pdf)

Therefore, Dental Outreach Relief Foundation, including any and all of its officers, directors, and volunteers, as well as its host country partner organizations and individuals (collectively "DORF") are not liable, to the maximum extent of the law, for any loss or harm you may suffer, including but not limited to loss caused directly or indirectly by:

- Sexual Assault or Physical Assault
- Threats
- Property Crimes
- Personal injury
- Emotional injury
- Death, illness or disease
- Damage to or loss of property
- Hostage situations
- War or terrorism.

**INITIAL HERE** to acknowledge your agreement to the foregoing Personal Risks

### **Indemnity**

You agree to indemnify, defend and hold harmless, DORF and any and all of DORF's officers and directors, volunteers, as well as DORF's host country partner organizations and individuals against any and all liability arising from the foregoing described Personal Risks or which you the Volunteer incurs arising directly or indirectly out of, or in connection (in any way) with your participation as a volunteer in DORF activities, including your travel to and from, living in and providing volunteer services in Uganda.

\_\_\_\_\_  
**INITIAL HERE** to acknowledge your agreement to the foregoing Indemnity

### **Code of Conduct**

As a DORF volunteer, you agree to abide by the code of conduct (as presented in your volunteer application and as outlined below) at all times and in all places throughout the entire period of your volunteer experience.

- No alcohol\*
- No illegal drugs\*
- No profanity
- No tobacco\*
- No marijuana\*
- No pornography\*
- No prescription drugs without a prescription\*
- No vulgar language

\* You understand that if you violate any of these details of the volunteer code of conduct you will be removed from the volunteer program and asked to immediately leave the volunteer premises including schools and temporary clinics, and that you will bear the financial burden associated with such removal, including but not limited to hotel costs, transportation costs, and itinerary change fees.

### **Photos, Emails and Social Media Posts**

For promotional / marketing purposes, do you grant DORF the right to use your communication (e.g., emails, texts messages and social media posts) and your images (e.g., photos and videos) relating to your experience as a GMAD volunteer?

Yes  No

\_\_\_\_\_  
**INITIAL HERE** to acknowledge your consent to grant DORF the right to use your photos emails and social posts as explained above.

### **Luggage and DORF Supplies**

When traveling to Uganda, airlines typically allow you to travel with two 50-pound pieces of checked luggage in addition to your carry-on luggage. You understand that you are required to dedicate one of these two allowed pieces of luggage to transport mission supplies.

\_\_\_\_\_  
**INITIAL HERE** to acknowledge your agreement the Luggage and DORF supplies policy

**Miscellaneous**

To the full extent permissible at law, all representations, terms, warranties, guarantees, or conditions whether implied by statute, common law or custom of the trade or otherwise, including, but not limited to, implied warranties and guarantees, are excluded. Notwithstanding anything else contained in any agreement, the liability of DORF to you, the volunteer, shall not in aggregate exceed the amount of the registration fee paid by the volunteer. DORF reserves the right to remove you as a volunteer from the program. DORF has no liability for any lack of performance, unavailability or failure of the services, or for any failure of DORF to comply with these terms and conditions, where the same arises from any cause reasonably beyond the control of DORF

**Governing Law**

These terms are governed by the laws of Arizona and Maryland in the United States of America.

**Emergency Contact Information**

Name: \_\_\_\_\_  
Relation to you: \_\_\_\_\_  
Address : \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

By signing below, I acknowledge that **I have read** the "Statistical Report of Crimes against Volunteers" published by the Peace Corps, that **I have read** the "Health Information for Travelers to Uganda published by the U.S. Centers for Disease Control and Prevention, that **I have NOT been named, charged or convicted** of any crime involving sexual abuse, sexual molestation or sexual misconduct as explained above, and that **I understand and accept the significant risks** associated with being a volunteer in Uganda. By signing below, I further acknowledge that I agree to the *Dental Outreach Relief Foundation Terms and Conditions* as outlined in this document.

\_\_\_\_\_ X \_\_\_\_\_  
Volunteer's name (printed) Volunteer's signature

\_\_\_\_\_ X \_\_\_\_\_  
Parent's name if volunteer is under 18 (printed) Parent's signature (if volunteer is under 18)