



ORAL HEALTH UGANDA

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GULU CITY, NORTHERN UGANDA



Uganda Mission Volunteer Application

Date of Application: ____/____/____

Name of Volunteer Applicant: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Cell/Mobile: (____) _____ -

Email: _____

Mission date applied for: _____ (please study our mission dates carefully as listed on our website)

Position applying for: **Dentist, Dental Technologist, Dental Assistant, student, Nurse, dental hygienist, Equipment/support staff** (tick what applies for you)

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 an International volunteer mission?

Yes No If yes, which Countries and Dates? _____

Do you have a fellow volunteer that you know and 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.

_____ (SIGN) 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. OHU is not responsible for any travel documents necessary for your travel needs or other purposes.

Refund Policy

All fees paid to OHU as a part of the Uganda volunteer program are deemed to be charitable contributions, and OHU is, therefore, unable to provide a refund of any fees. 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/opengovernment/2020_Annual_Report_of_Crimes_Against_Volunteers.pdf

Therefore, OHU, including any of its officers, directors, and volunteers, as well as its partner organizations and individuals (collectively "OHU") 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.

SIGN HERE (_____) to acknowledge your agreement to the foregoing Personal Risks

Indemnity

You agree to indemnify, defend and hold harmless, OHU and any of OHU's officers and directors, volunteers, as well as OHU partner organizations and individuals against any liability arising from the foregoing described Personal Risks

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 OHU Terms and Conditions as outlined in this document.

Volunteers name _____ Signature _____

NB: Please print this form in colored ink and fill it. After you are done with it, forward the form to this email below:

missions@oralhealthuganda.org

