

MEMORANDUM OF UNDERSTANDING

I hereby volunteer my services for the treatment of indigent people in Cambodia during the period of **February 8, 2017 – February 23, 2017.**

I understand that the Cambodian Health Professionals Association of America (CHPAA) serves as the organization for this act of charity and humanitarian concern. CHPAA is responsible for the majority of the administration and logistic work.

I understand that I will pay my own round-trip airfare expenses between _____ (your state) and Cambodia, as well as lodging and any in-country expenses.

I understand that no volunteer, including the medical director or others are paid for any services rendered to the patients, and that no one involved with CHPAA receives any enumeration for work performed in connection with the charitable mission.

I understand that I may keep copies of medical records for any of the patients I treat and that I may keep data, including photographs, for any of the cases I handle. I understand that I will have to bring some medical and surgical instruments and any other equipment and supplies I may need to render medical services to patients in Cambodia. (Pertains to medical professionals only)

I understand that I am obligated to adhere to the Cambodian Health Professionals Association of America, CHPAA's Volunteer Code of Conduct, attached to this Memorandum, and to abide by it during my participation in this mission.

I further understand that my work with the Mission shall not in any way be used for advertising, marketing or any other commercial purpose without prior approval and express written consent of the Board of Directors of CHPAA.

Name (Please PRINT)

Signature

Date