



Cambodian Health Professionals Association of America

សមាគមសុខាភិបាលខ្មែរនៅអាមេរិក

930 Pine Ave, Long Beach, CA 90813, USA Phone: 562-269-5661 Fax: 562-495-1878 www.chpaa.org Email: info@chpaa.org

Mission 12-Local Student and non-student Volunteer Application

(January 27, 2024 – February 4, 2024)

Last Name: _____ First Name: _____ Title: _____ DOB: _____

Student: Yes No If yes, University-School: _____ Graduation Date: _____

Field of Study: Medical Pharmacy Dentistry Other : _____ Year of Study: _____

Non-Student: Occupation: _____ Working Place/Company: _____

Position: _____ How Long: _____

Gender: M F Phone Number: _____ Email: _____

English Fluency: Speak Excellent: Very good: Write: Excellent: Very good:

Special skills, hobbies, and areas of interests in general: _____

What best describes your health? Good: Fair: (Please explain): _____

Emergency contact: Name: _____ Relationship _____

Phone: _____ Email _____ Town/City _____

How did you hear about CHPAA Mission? _____

Describe your personal strengths and weaknesses with regards to assisting on the mission:

Have you been to other missions? Yes No

If yes, what organizations _____



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What provinces _____

If my application is approved:

I agree to abide by CHPAA Code of Conduct: Yes No

I agree to abide by CHPAA Waiver and release of Liability Form: Yes No

I agree to abide by CHPAA Media and Publicity Release Form: Yes No

I agree to abide by CHPAA Travel Liability Waiver Covid-19 Safety Acknowledgement Yes No

Please send in the following with your application form to: chpaa.m11kv@gmail.com

1. Signed Application Form (Page 1 & 2 of 6)
2. Signed Code of Conduct Form (Page 3 of 6)
3. Signed Media and Publicity Release Form (Page 4 of 6)
4. Signed Waiver and Release of Liability Form (Page 5 of 6)
5. Signed Travel Liability Waiver COVID-19 Safety acknowledgement Form (Page 6 of 6)
6. A Headshot Photo (attach photo in application)
7. **Mission fee For Non-Student and Non-health professional student volunteers:**
 - \$300 (Single Occupancy)
 - \$250 (Double Occupancy)
 - Have you mutually agreed-upon a roommate? Name _____
 - Please place me with a roommate.

Please send payment to Cambodian Health Professionals Association of America (ABA account number: 005879032)

8. **Mission fee waived: for health professional student volunteers (medical, dental, pharmacy, and nursing), and monk volunteers.**

Please write a paragraph in English to tell us why you want to join the Mission.
January 27, 2024 to February 4, 2024.

Signature

Print Name

Date



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Volunteer Code of Conduct

1. Support the vision of Cambodian Health Professionals Association of America (CHPAA).
2. Treat your hosts and patients with courtesy and respect at all times.
3. Show sensitivity to local beliefs, traditions, cultures and religions.
4. Display the highest personal and professional conduct in the performance of assignments, treat patients and families with dignity and compassion, display mutual respect to fellow volunteers.
5. Work hand in hand with local workers. Do not compete with them, but rather, encourage the exchange of knowledge and ideas. Do not solicit favors please.
6. Refrain from making political statements.
7. Make no judgments or criticisms of local facilities or their way of doing things, if you have ideas of how to improve local conditions, share these with other volunteers and make suggestions tactfully.
8. All official comments shall be channeled through the pre-designated CHPAA spokesperson.
9. Refrain from participation in any activity or making any remarks that reflect negatively on CHPAA Medical Mission.
10. Refrain from promising any CHPAA supplies, equipment or medication to a particular patient, health facility, group or individual. Also refrain from taking supplies, equipment and medication at the conclusion of the mission.
11. Conserve supplies and medications. These are often expensive and impossible to replace locally.
12. If you are unable to fulfill your assignment for any reason, and need to be absent, please inform and discuss with Mission leadership promptly.
13. Pay attention to your own health needs and personal safety.
14. Be particularly flexible during these missions. Expect the unexpected. Be prepared to multitask.
15. Remember that your mission was organized 100 percent by volunteers. When things go wrong, try to help.
16. The designated uniform and ID badge must be worn at all times during the mission work
17. Students are expected to attend assigned lectures that are organized by the CHPAA medical personnel.
18. Students are expected to keep their assigned posts during the Mission. Each student has an assignment.

I fully agree to abide by the CHPAA code of conduct outlined above and signed in application form.

Signature _____ Date _____



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Media and Publicity Release Form

I, (state your name) _____, give the Cambodian Health Professionals Association of America (CHPAA) and other agents acting on behalf of CHPAA, including any photographer or videographer, permission to use my name, likeness, image, voice, and/or appearance as such many be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of CHPAA program activities. I agree that CHPAA has complete ownership of such pictures, including the entire copyright, and may use them for any purpose consistent with CHPAA's mission.

These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications advertisements, and any promotional or educational materials in any medium now known or later developed, including the internet. I acknowledge that I will not receive any compensations, etc. for the use of such pictures, etc. and hereby release CHPAA and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to CHPAA to use my name likeness to promote CHPAA's programs, its affiliated partners, and/or their activities.

Signature _____ Date _____



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Waiver and Release of Liability

I hereby release the Cambodian Health Professionals Association of American (CHPAA), its officers, and Board of Directors from any and all liability for any acts of omission related to the rendering of medical service to patients in Cambodia, in connection with the medical mission on January 27, 2024 and returning on February 4, 2024.

I fully understand that the mission has risks of accident, injury or disease, which may be caused by my own actions or inactions, the actions of CHPAA or others, or the conditions at the locations where the mission will take place. There may be other potential risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses or damages I may incur due to my participation in the mission. I certify that I am qualified, in good health and in proper physical condition to participate in the mission.

I further hereby waive and release any all rights and claims for loss or damage, at law or in equity that I may have against CHPAA, its officers, volunteers and Board of Directors now or in the future for any and all illness, injury, loss or damages suffered by me as a result of my participation in this mission, even if the loss or damages is caused by the person I am releasing. This Waiver and Release is binding on my heirs, assigns, personal representatives, administrators and executors.

I certify that I have read the contents of this document, fully understand its provisions, and freely execute this Waiver and Release.

Signature _____ Date _____



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TRAVEL LIABILITY WAIVER COVID-19 SAFETY ACKNOWLEDGEMENT

COVID-19 SAFETY INFORMATION: I understand that while participating in missions held or sponsored by CHPAA, participants are encouraged to practice CDC COVID-19 guidelines. These include proper hand hygiene, social distancing and wearing face coverings to reduce the risk of exposure to COVID-19. I understand that COVID-19 is extremely contagious and is spread by close person to person contact. I understand that though CHPAA has put in place preventative measures to reduce the risk and spread of COVID-19, this is not a guarantee that its participants, volunteers, or others in attendance on missions will not become infected with COVID-19. I agree to self-monitor for signs and symptoms of COVID-19. Symptoms typically include fever, cough, shortness of breath, fatigue, headache, body aches, sore throat, nausea, vomiting and diarrhea.

I acknowledge that I derive personal satisfaction and benefits by virtue of my participation and volunteering with CHPAA and I willingly engage in CHPAA mission’s activities.

I hereby release, waive, and forever discharge any and all liability, claims, and demands of whatever kind of nature against CHPAA and its affiliated partners and sponsors, including their directors, officers, employees, volunteers and agents (the “Released Parties”), either in law or in equity, to the fullest extent permissible by law, including but not limited to damages or losses caused by the negligence, fault, or conduct of any kind on the part of the Released Parties, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage to property which I, my heirs, assignees, next of kin, and/or legally appointed or designated representatives, may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation with the activity.

I acknowledge and understand that participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties. I hereby knowingly assume the risk of injury, harm and loss associated with the activity, including any injury, harm, and loss caused by the negligence, fault, or conduct of any kind on the part of the Released Parties.

By checking and initialing the box below, I acknowledge that I have this agreement and enter into it voluntarily in consideration of the opportunity to participate with CHPAA missions. I acknowledge that I am giving up legal rights and/or remedies which may be available to me.

[]

Signature

Date