



Global Health Outreach Project Application

Project Information

Project Site: _____

Project Dates: _____ Deadline for Volunteer Applications: _____

Project Objective:

Contacts

Project Director: _____
 Email _____
 Phone _____

Chief Medical Officer: _____
 Email _____
 Phone _____

Coordinator/Logistics: _____
 Email _____
 Phone _____

Please include CV and description of prior experience in global health outreach if you are a new director.

Planned healthcare professionals & support personnel Remaining volunteer needs

Type: _____	Physicians	Total Number: _____	Number Needed: _____
Type: _____	OMS	Total Number: _____	Number Needed: _____
Type: _____	Nurses	Total Number: _____	Number Needed: _____
Type: _____	NP	Total Number: _____	Number Needed: _____
Type: _____	PA	Total Number: _____	Number Needed: _____
Type: _____	Pharmacists	Total Number: _____	Number Needed: _____
Type: _____	Other	Total Number: _____	Number Needed: _____

Who is the local NGO you will be working with? _____

What is their current mission and function? _____

What experience have you had with them? _____

If none, how did you become aware of them? _____

Other groups/organizations you are partnering with for this and what is their role? _____

Will the host country be providing government support? Yes _____

If yes, what type? _____ free medications and HIV tests _____



Describe the housing facilities. _____

Describe food/meals plans. _____

Describe local transportation plans/vehicles. _____

Where are a majority of the volunteers coming from? (Name of Institutions) _____

Do you perceive any of the following dangers?

- _____ Night time travel
- _____ Travel during inclement weather
- _____ Robbery
- _____ Visiting a hostile or politically unstable area
- _____ Known cultural hostility toward female or LGBTQ participants

What kind of security precautions are being taken? _____

Describe plans for post-exposure testing and prophylaxis in case of needle stick or Other Potentially Infectious Materials exposure? _____ **Rapid HIV testing kits as well as current CDC meds for PEP if needed**

What is the trip fee? _____

To who is the trip fee paid? _____

Indicate % of the fee that will be used for:

- 1) International Transport _____
- 2) Local Transport _____
- 3) Housing _____
- 4) Food _____
- 5) Medications/supplies _____
- 6) Salaries of assistant personnel (translators/drivers) _____
- 7) Expenses of mission directors _____
- 8) Fees to any other organization _____
- 9) Other (Please specify) _____

Additional Uncovered Expenses (Air travel, meals, visa, Immunizations ... please specify) _____

Will the trip be advertised on any other website or source? (Specify) _____

Will CME be offered? _____ **If yes, what kind? (eg: AOA, Dental, etc)** _____

Additional Information

Signature: _____ **Date:** _____

To broaden its reach and impact, DOCARE may from time to time partner with faith-based organizations. Neither DOCARE volunteers nor patients are required to be of any particular religious affiliation or participate in religious activities.