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

<table>
<thead>
<tr>
<th>Type</th>
<th>Total Number</th>
<th>Number Needed</th>
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<tbody>
<tr>
<td>Physicians</td>
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<tr>
<td>OMS</td>
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<td>Nurses</td>
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<td>NP</td>
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<td>PA</td>
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<td>Pharmacists</td>
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<tr>
<td>Other</td>
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</table>

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.