



## Conditions of Participation

As a Family Medicine Cares International (FMCI) volunteer with the American Academy of Family Physicians Foundation (AAFP Foundation), I understand that I will be the face of FMCI to those I serve and those with whom I serve. I have read this page and the attached material carefully in considering my participation in this FMCI program/project.

I have submitted all required documentation, including but not limited to the Liability Release and Indemnification Form, to the FMCI program staff of the AAFP Foundation. I am responsible for being aware of and current on all vaccinations and medications that are recommended by the Centers for Disease Control, One World Surgery, and AAFP Foundation for entry into the Dominican Republic.

I understand that I must also demonstrate current professional licensure (if applicable), a current passport and any other required documentation before I will be placed on volunteer assignment. I understand that AAFP Foundation is under no obligation to provide, carry or maintain health, medical, travel, disability, or other insurance coverage for me. I am encouraged to obtain my own health, medical, travel, disability, or other insurance coverage.

As part of the FMCI volunteer team through the AAFP Foundation, I understand that I must be prepared and responsible to follow every possible procedure of safety for myself, for the people I serve, and for my fellow volunteers. I understand that I will be offering and providing support in a developing country. I also understand that as part of the FMCI team I may be asked to help with duties other than those I have been deployed to perform in support of the team.

As a volunteer I understand that both working and living conditions may vary and privacy cannot be guaranteed. I understand that the AAFP Foundation does not own or provide the facility(ies) in which I work or stay, that working conditions may include long hours, supplies and equipment that may not meet the standards that I am used to working with, and that flexibility is of the utmost importance. Sleeping accommodations are gender specific and may range from private rooms to dorm style rooms to sleeping in tents on sleeping bags or cots. Breakfast and dinner are provided at all project sites, but I am responsible for providing my own snack items that can be eaten throughout the workday. **Note:** Alcoholic beverages and tobacco products are not permitted in the clinic, and/or living compounds or work sites.

I will adhere to the curfews established by the FMCI program. I understand that many things are outside either the AAFP Foundation's control, and that there may be times where conditions/circumstances may change daily, or even hourly. I understand that I may be working in one location under a certain set of circumstances in the morning and a different place with different challenges by afternoon, OR there may be days when I do repetitive tasks with minimal supplies. I will stay calm, think first, be deliberate and neither rush, nor waste valuable time or resources. I understand that as events unfold, I may be called upon to wait, or to move quickly, or to clean up after a day's work, or to perform other tasks as the situation demands. I AM PREPARED TO BE FLEXIBLE, including my willingness to accept any volunteer assignment to the project site designated by the FMCI or OWS Coordinator and Team Leaders in the field.

I understand the need to approach this experience with a strong sense of patience, humor, and stable sense of self. I understand that I may be dealing with a variety of individuals (both patients and fellow volunteers) and that emotions may vary. I will remain ready to cut everyone plenty of slack.

We all handle stress differently; add to these unfamiliar and perhaps uncomfortable surroundings and people, and the recipe can be volatile. If you believe you can handle these conditions and can encourage and affirm others in the midst of these conditions, then welcome aboard. If you have doubts as to your performance in this kind of situation, please don't feel bad about reconsidering your participation.

***I, the undersigned, have read, fully understand and willingly accept all conditions of participation.***

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*Volunteer Signature*

*Volunteer Name (Printed)*

*Date*

