

Healing Hearts Across Borders

Medical Volunteer Release

Healing Hearts Across Borders extends its heartfelt thanks to you for volunteering to help meet our mission. We ask that you read our Mission Statement, and that if you decide to become a volunteer, please read and sign this Acknowledgement form.

Our Mission Statement:

To bring the poorest people of Tijuana Mexico, healing for the body and hope for the heart by mobilizing and distributing medical and spiritual resources.

Acknowledgment by Medical Volunteer

I would like to be a volunteer for Healing Hearts Across Borders (HHAB) and, to that end, I have been asked to acknowledge the following matters:

- ✧ I understand and acknowledge that all my activities for the benefit of or on behalf of Healing Hearts Across Borders are performed by me solely as a volunteer and that my decision to volunteer my services is based on my own personal conscience and decision to help this worthy cause. I will not be paid and so do not expect any compensation of any form for my activities and assistance to HHAB and I understand that I am under no obligation to provide any assistance or aid.
- ✧ I am not an employee of HHAB and, as such, I understand that I am not owed any rights, duties, or benefits afforded to employees under federal, state, or other laws. I also am responsible for paying for my own lodging, and meals.
- ✧ I understand that by its nature, the HHAB mission involves travel to and within Mexico for the purpose of providing medical care to the poor. This mission may include visits to the public dump or other possibly hazardous or remote areas within Mexico. If I participate in any activities within Mexico I understand that I am doing so at my own risk and voluntarily. HHAB has not provided me with any promises or other statements about conditions in Mexico, and I have been advised to seek information from travel bureaus, the State Department, or other sources as to about conditions within Mexico and the risk associated with volunteering my services there.
- ✧ **I certify that I am duly licensed or certificated in the State of California to provide medial, nursing, or dental care (whichever is applicable) and that I am in good standing as such. I will advise HHAB immediately if this status changes.**
- ✧ I understand and agree that, as with all my volunteer activities on behalf of HHAB, if I should operate a motor vehicle while volunteering for or on behalf of HHAB, I do so at my own risk and expense. If I do drive on behalf of HHAB, I certify that I have my own automobile insurance coverage and that if I drive into or within Mexico, I will pay for and secure my own Mexican insurance coverage as required under Mexican Law.

Printed Name: _____

Date: _____

Signature: _____

Email: _____

Phone: _____