

INTERNATIONAL RELIEF FOR ALL IN NEED



New Orleans Medical Mission Services, Inc.  
P.O. Box 6249, New Orleans, LA 70174  
T 504-392-1934 | F 504-368-201  
[www.nomms.org](http://www.nomms.org)



**HELP**



**GROW**



**HEAL**



**GIVE**



**OFFICIAL NOMMS HANDBOOK**

## MISSION TEAM PARTICIPANT RESPONSIBILITIES (continued)

3. **Inoculations.** NOMMS will provide information on the specific Mission destination prior to departure. Volunteers are responsible for obtaining their own inoculations that are appropriate based on the Mission destination and advice from their doctors. NOMMS recommends that Volunteers review the Centers for Disease Control and Prevention advisories and the U.S. Department of State website for health and travel directives.

4. **Materials Transport.** Each Volunteer will be limited to one checked suitcase that meets all of the airline requirements (weight, size, etc.) for the relevant flights. Volunteers will, in addition, be assigned one footlocker containing medical supplies to check as their second bag, and will be responsible for the claim checks and footlockers until they are in the Mission Director's possession at the destination port. The same procedure will be used to return the footlockers to New Orleans though, upon return, Volunteers will claim their footlockers at U.S. Customs, report to the Mission Director in the customs claim area, move as a group through the customs inspection, then recheck luggage onto the Mission Team's flight to New Orleans. Provided that Volunteers supply the Mission Director with their claim checks, NOMMS will arrange to collect the footlockers in New Orleans. NOMMS will endeavor to provide assistance with the footlockers at every point in their transport to limit the physical burden on the Volunteers.

5. **Termination by the Mission Team volunteer.** Mission Team members' donations cover only a portion of the cost of their participation. NOMMS attempts to keep the costs of a Mission down by pre-paying for a number of the associated expenses. When Mission Team members cancel their participation, NOMMS is not always able to secure refunds for relevant portions of the unused goods or services such as hotel rooms, airline tickets, and other items. For this reason, Mission Team volunteers who terminate their participation after being accepted onto a Mission will be liable to NOMMS for any and all costs associated with canceling. The donation will apply to such costs. If the donation is insufficient to cover the costs, then the terminating Mission Team member will be invoiced for the balance. While NOMMS will try to secure refunds for the relevant portions of the Mission impacted by such cancellation, it is not bound to, and can't guarantee that it will be successful. Volunteers should contact NOMMS immediately if they anticipate events that may lead to termination so NOMMS may attempt to mitigate such termination costs.

7. **Expenses.** NOMMS will be responsible for the expenses associated with the items in Section D above. Mission Team members will be responsible for the expenses associated in this Section E (except as noted herein). Additional expenses for which Mission Team volunteers will be responsible include, but may not be limited to:

- Excess baggage fees (but not those associated with their assigned footlocker)
- Telephone calls
- Scrubs (required for every Volunteer who works in a hospital or clinic)
- Hotel services (laundry, etc.)
- Alcoholic beverages and beverages outside of group meals
- Meals outside of the group meals while in the host country
- All insurance, including medical insurance, and
- All medical expenses, including any emergency medical evacuation expenses.

## ABOUT NOMMS

The primary purpose of **New Orleans Medical Mission Services, Inc.** ("NOMMS") is sending teams of medical and support personnel ("Volunteers") to provide necessary health care to patients in poor countries, without regard to such patients' race, gender, religious affiliation, or sexual orientation ("Missions"). Its purpose is one of healing the sick, and doing so with care and compassion.

Before the NOMMS Board of Directors approves a Mission, it establishes a firm partnership with an enabling organization in the host country ("Hospital"). The following criteria guide the Board of Directors Criteria in its decision to partner with a Hospital:

1. The Hospital must not charge patients for services, equipment, medicine and other materials that NOMMS uses in providing medical treatment.
2. The Hospital must establish and enforce safety and security measures during the Mission for the Volunteers, including those measures associated with the working environment, transportation, and housing.
3. The Hospital must provide assurance that the Volunteers, the medical materials sent in advance, and medical materials carried with the Mission Team will be acknowledge and approved by all regulatory agencies within the host country and the work location.
4. The Hospital's physicians must review and approve in advance all medical treatment to be provided during the mission.

## MISSION PREPARATION

Once NOMMS establishes and approves the medical treatment and surgical schedule for a particular Mission, the medical and support teams ("Mission Teams") are selected from among the applicant pool to fulfill the Mission's needs. This generally occurs four-to-six months in advance of the Mission Team's departure. A prerequisite to a Volunteer's participation on a Mission Team is, among other obligations, a minimum of 20 hours preparing the Mission materials such as instruments, medications, equipment, and supplies ("Materials"). The warehouse will be open the two Saturdays each month to facilitate such preparation from 9:00 A.M. to 1:00 P.M. (or as needed) with assigned supervision. NOMMS will endeavor to accommodate conflicts between this schedule and Volunteers' job schedule. A log-in sheet will be made available in the office to record each volunteer's hours.

While the Mission Team is being formed, the Medical Material Solicitation Committee obtains the required Materials. The Medical Material Preparation Committee sorts, cleans, and repacks all Materials as necessary. Approximately two months in advance of the Mission Team's departure, all Materials that can safely be packed and shipped by sea container are sent to the Hospital for safekeeping. The remaining Materials, including certain instruments and equipment that are loaned to NOMMS, are carefully packed and hand-carried or by the Mission Team members or checked with their luggage.

## MISSION ORGANIZATION

Extensive planning precedes each Mission. However, from time to time unplanned events will occur, and problems may arise. This is often due to the international nature of the Missions, and circumstances that are out of NOMMS' control, despite its best efforts. NOMMS will endeavor to keep the Mission Teams updated with any issues or changes that may impact their participation, both prior to and during the Mission. The contacts and areas of responsibility are as follows:

### LEAD PHYSICIAN:

Physician liaison

Medical liaison to the hospital (including Hospital's Director)

Medical decisions

### LEAD NURSE:

Nursing liaison

Medical supplies, instruments and equipment

Mission team assignments

### LOGISTICS COORDINATOR:

Transportation

Hotel

Meals

Expenses

All non-medical decisions

Security

### MISSION DIRECTOR:

Oversees all aspects of the Mission

The duties and responsibilities for each of the above Mission areas may be delegated to other Mission Team members.

**NOMMS' RESPONSIBILITIES** During the Mission, NOMMS will provide the following:

1. All Mission Materials.
2. Air transportation between the Mission destination city and New Orleans, Louisiana.
3. Ground transportation from:
  - the host country port of entry to the living quarters and back, and
  - the living quarters to the hospital or clinic during the Mission and back each day.
4. Breakfast and lunch at designated locations while the Mission Team is in the host country. NOMMS will also endeavor to provide dinner (excluding alcoholic beverages) while the Mission Team is in the host country.
5. An itinerary that includes appropriate emergency contact information.
6. A limited amount and selection of emergency medication.

## MISSION TEAM PARTICIPANT RESPONSIBILITIES

1. **Application.** All applicants for Volunteer positions must provide the following no later than two months prior to the Mission Team's departure to be considered for a Mission Team.

- a. Completed Volunteer Application, using the exact name on the applicant's passport
- b. 2 color copies of a passport valid for 6 months following the mission dates
- c. 2 copies of all medical certifications (for medical participants only)
- d. A donation payable to New Orleans Medical Mission Services Foundation, Inc.
  - Physicians' suggested donation: \$ 2,000.00
  - Non-physician suggested donation: \$ 600.00

**Applications will not be considered complete, or participation evaluated, until NOMMS receives all of the above documentation.** Applicants who are unable to make a contribution may request a delay, reduction, or waiver from the Mission Director at the time they submit their application, provided that all other items listed above are timely submitted. Contribution checks will not ordinarily be deposited until after an applicant has been accepted. If a contribution check is deposited and NOMMS later rejects an application, NOMMS will refund the contribution.

Applications will be reviewed by the Mission Staffing Committee which will make decisions on whether to accept a particular applicant based on the Mission's needs. All decisions will be communicated to the applicants when finalized.

**Application declined:** If the Mission Staffing Committee declines an application, NOMMS will return or refund any donation made in connection with such application.

**Application accepted:** If the Mission Staffing Committee accepts an application, then the Volunteer will have 2 weeks to provide the following documents:

- Notarized Medical Power of Attorney granting two Mission physicians the power to make medical decisions in the event of a medical emergency;
- Notarized Waiver of Liability; and
- Notarized Medical Information Form.

NOMMS will endeavor to make a notary available at the warehouse during some or the Saturday volunteer hours to assist with completing these forms then notarizing them, but it is the Volunteer's responsibility to ensure that such forms are completed accurately, notarized, and returned to NOMMS in a timely manner. Failure to meet this deadline may result in termination of the Volunteer's participation.

2. **Mission Preparation Work.** Volunteers must complete a minimum of 20 hours of Mission preparation work described above. Waivers or alternative preparation work may be approved in limited circumstances.

## TRAVEL GUIDELINES

1. **Stay together.** Once in the destination city, Volunteers should always stay with the Mission Team. Volunteers should not venture on their own or in small groups without the Mission Director's consent.
2. **Air transportation.** Air transportation is coach class.
3. **Jewelry and watches.** NOMMS recommends that Volunteers leave expensive, or expensive-looking jewelry and watches at home, and travel only with an inexpensive watch.
4. **Dress code.** Medical scrubs are required dress for all Volunteers while working at a hospital or clinic. Weather conditions and local norms will vary depending on a Mission's location and the time of year, and will likely impact the type of clothing that Volunteers will wear outside of the hospital or clinic. Volunteers will be informed of appropriate dress in advance of the Mission's departure.
5. **Cash.** Traveler's checks and credit cards may not be accepted or may otherwise prove difficult to use in some rural destinations or smaller establishments. While you may be able to use traveler's checks and credit cards at the hotel and larger restaurants or stores, NOMMS recommends that Volunteers bring a reasonable amount of cash in small denominations.
6. **Accommodations.** Accommodations are double and triple occupancy. There will be no opposite sex rooming unless couples are married.
7. **Timing.** Volunteers are expected to be on time for all scheduled activities. The Mission leaders will strictly adhere to the communicated schedule out of respect for the Mission Team and Hospitals.
8. **Volunteers are NOMMS ambassadors.** All Volunteers are viewed as NOMMS "ambassadors" from their departure from New Orleans until their return. Typically, many residents of the host community will be aware of the Mission Team's presence due to advance publicity. Volunteers' behavior on-duty and off-duty, inside and outside the hotel and hospital or clinic, will reflect directly upon NOMMS. Public behavior that is offensive or unprofessional by local customs or standards will not be tolerated. Accordingly, NOMMS reserves the right, at the sole discretion of the Mission Director, to send a Volunteer back to the United States. Such early return shall be at the Volunteer's sole expense.
9. **Medical evacuations.** While NOMMS will endeavor to assist volunteers with medical emergencies and communications with their families, NOMMS will not be responsible for incurring costs associated with any illness or medical evacuation. NOMMS recommends that volunteers secure the appropriate insurance coverage and provide copies of any applicable policies to the staff prior to the group's departure.



## NOMMS OFFICIAL MISSION APPLICATION FORM

PLEASE COMPLETE APPLICATION AND RETURN TO:

New Orleans Medical Mission Services, Inc.  
P.O. Box 6249, New Orleans, LA 70174  
T 504-392-1934 | F 504-368-201  
[www.nomms.org](http://www.nomms.org)

PLEASE REMOVE THIS SHEET OF PAPER

**NOMMS OFFICIAL MISSION APPLICATION FORM**

**NAME** (from valid passport): Mr. / Mrs. / Ms. / Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**MAILING ADDRESS:** Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**CONTACT INFO:** Email \_\_\_\_\_ Fax \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PASSPORT:** Passport # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**EMERGENCY CONTACT:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relation: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**I AM INTERESTED IN** [check all that apply]:

\_\_\_\_\_ *Joining a team on a mission outside of the United States:*

Specific Mission (Example, Nicaragua 2009): \_\_\_\_\_ Certification: \_\_\_\_\_

Specialty/Expertise: \_\_\_\_\_ Languages: \_\_\_\_\_

\_\_\_\_\_ *Joining the Fund Raising Team*

Annual Gala Event:

- \_\_\_\_\_ Invitations
- \_\_\_\_\_ Food and Beverage Donations
- \_\_\_\_\_ Auction Donations
- \_\_\_\_\_ Decorations
- \_\_\_\_\_ Auction Processing and Checkout

Other Fundraising Activities:

- \_\_\_\_\_ Event Speaker
- \_\_\_\_\_ Event Booth
- \_\_\_\_\_ Mailings and Public Relations
- \_\_\_\_\_ Golf Tournament
- \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Administration Support Team (Admin and Computer Support)

\_\_\_\_\_ Technology (Internet and Website Support)

\_\_\_\_\_ Material Preparation Team (Sort, Pack, and Inventory Medical Supplies)

\_\_\_\_\_ Technology (Mission Field Support)

\_\_\_\_\_ Material Solicitation Team (Material, Instruments, Supplies)

\_\_\_\_\_ Technology (Warehouse Automation)

**MISSION APPLICANTS ONLY**

\_\_\_\_\_ I HAVE READ AND AGREE TO ABIDE BY THE TERMS CONTAINED IN THE NOMMS HANDBOOK

\_\_\_\_\_ I CERTIFY THE INFORMATION THAT I HAVE SUPPLIED ABOVE TO BE TRUE

\_\_\_\_\_ I HAVE INCLUDED THE FOLLOWING (your application will not be considered complete unless and until NOMMS receives all of the following:)

- \_\_\_\_\_ Completed, signed application
- \_\_\_\_\_ 2 copies of a passport valid for 6 months following the mission date
- \_\_\_\_\_ 2 copies of all medical certifications (for medical participants only)
- \_\_\_\_\_ A donation payable to New Orleans Medical Mission Services, Inc.
  - Physicians' suggested donation: \$2,000.00
  - Non-physician suggested donation: \$600.00

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_