NOMMS VOLUNTEER REQUIREMENTS CONTRACT

1: *All* volunteers must have completed an online application.

2: *All* documents must have been sent in, including the following:

 -Color copy of passport for *all* volunteers (must be valid for at least 6 months beyond the return date of the mission). If a new passport has to be applied for, it must be received 2 months after sign-up or position will be opened up for others to fill.

 -Curriculum vitae (resume’), professional school diploma (nursing school, medical school, PT school, Surgical Tech school), any board certificates (nursing board, specialty medical board, etc.), current license for *all* medical professionals.

3: A minimum deposit of $100 towards tax deductible donation to NOMMS is due at time of sign up. Donation required is $2000 for all practicing physicians and dentists, $800 for all others. The balance is due no later than 3 months prior to departure.

4: Cancellations less than 3 months prior to departure will cause forfeiture of $100 deposit. Cancellations after airfare has been paid will cause forfeiture of entire donation unless a replacement is found. Any fees for rebooking will be subtracted from any refunds given.

5: NOMMS covers round trip airfare from New Orleans. Any increased cost for change in air reservations will be the responsibility of the volunteer.

6: All cancellations must be in writing by e-mail or regular mail to the Medical Director.

7: *All* volunteers must help at the warehouse sorting and/or packing, or otherwise help in preparing for the mission. Anyone who does not participate may be replaced by a volunteer willing to contribute to the mission. The donation you make to come on the mission does not cover the cost of the mission. We depend on the volunteers working in the warehouse as part of your “sweat equity” to help us pay for the missions.

8: Any exceptions to the above rules must be approved by the Medical Director.

9: This contract must be signed by the volunteer and returned to NOMMS along with your deposit and documents before your position is reserved.

Volunteer name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_