2011 Volunteer Application

Mission Statement
Amigos de las Américas (AMIGOS) builds partnerships to empower young leaders, advance community development, and strengthen multicultural understanding in the Americas.

Welcome!

Welcome to the application process for Amigos de las Américas (AMIGOS). This is your first step toward achieving your highest goals for a remarkable summer ahead. We are thrilled that you have decided to join our cause in fostering the exchange of cross-cultural ideas and practices throughout Latin America. Soon, you will embark on your journey where the relationships you develop and the experiences you encounter will last a lifetime.

Before beginning the application, please read all of the materials carefully.

If you have any questions about AMIGOS or the application process, please contact your local AMIGOS Chapter or the International Office at (800) 231-7796 or info@amigoslink.org. You can also find more information about AMIGOS on our website: www.amigoslink.org

You must complete the application thoroughly, documenting all information to the best of your ability. All applicants are accepted with the conditions that they have been cleared by the AMIGOS health screening process and that they successfully complete the training programs outlined by a local chapter or the Correspondent Volunteer program.

Application Instructions: *Please Read!*

The 2011 Volunteer Application is divided into sections. For your convenience, most of the application can be submitted electronically, but there are several pages that we ask you to print and physically submit with signatures so *please read each section's instructions carefully*.

- It is very important that you carefully read and complete all sections of the application and submit all of the required documents *on time*.
- All forms in the Volunteer Application must be completed in full, signed by all appropriate parties in order to be assigned a project and participate in the AMIGOS Latin America service program.
- In order to keep track of all forms and materials submitted to AMIGOS, it is important that you retain a copy of each form (as well as the original, notarized **Parent Permission to Travel Form**) for your own records.

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The above forms should be ***completed immediately upon application*** *to the AMIGOS program. All forms with a check box require the participant signature and the signatures of both parents/legal guardians if the participant is under 18.*

SECTION TWO...Pages 21 – 28

- ☐ Confidential Health Form II ………... 21
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The Confidential Health Form II must be completed by a physician/clinician. Schedule an appointment to get this form completed ***as soon as possible****.*

The Optional Financial Assistance Application requires the submission of the most recent IRS tax return of the Volunteer (if independent) OR of the person(s) claiming the Volunteer as a dependent (if dependent).

SECTION THREE .... Pages 29-33

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The Confidential Health Form III should not be completed ***before March 18th****.*

The Parent Permission to Travel Form must be completed ***within 60 days of travel****. At the time of completion, please send a copy to the International Office.* ***Keep the completed, signed, notarized document to accompany the participant while traveling.***

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Consent and Release Agreement

Note: This is a legally binding Agreement. Do not sign this Agreement until you have read it carefully and understand its contents. This Agreement may affect, reduce or eliminate your legal rights in certain circumstances. This Agreement must be signed by you and, if you are under 18 years of age, by both of your parent(s) or legal guardian(s). All parties must also initial the first two pages. If only one parent or guardian is able to sign, this Agreement must be accompanied by a legally binding document (e.g., death certificate, divorce decree, etc.) that verifies sole custodial rights of the signing parent or guardian. Guardianship papers must be attached when applicable.

I, ____ (the "Participant") hereby request permission to participate in the training programs and the Latin America service program (which are collectively referred to as "Service Program") sponsored by AMIGOS DE LAS AMÉRICAS, INC. and its licensed and/or affiliated chapters (collectively, "AMIGOS"), including travel to and from AMIGOS Service Program locations via transportation arranged by AMIGOS. Upon beginning training or acceptance of my application by AMIGOS, whichever occurs first, I agree as follows:

1. I will secure all inoculations against infectious diseases determined by AMIGOS as necessary or appropriate and will provide evidence of current effective inoculations required by AMIGOS prior to my service date.

2. I will secure a passport and/or any visas necessary for foreign travel to the Service Program prior to my service date and will comply with all passport and visa requirements set by AMIGOS.

3. I agree to fully comply with all rules and regulations established by AMIGOS for the conduct of Participants in the Service Program, including, without limitation, the AMIGOS Standards of Personal Conduct and Community Behavior (the "Standards"). I confirm that I have read the Standards and understand them in their entirety.

4. If any authorized representative of AMIGOS determines in his or her sole discretion that my conduct at any time fails to comply with the Standards or discredits the status or reputation of AMIGOS, I will withdraw from the Service Program and, if I am already engaged in my foreign service, I will return to my home residence when directed to do so by AMIGOS. I will also pay the Penalty provided for in the Standards immediately upon receipt of a written request for payment from AMIGOS.

5. I will fully disclose to AMIGOS all facts relating to my physical and mental health history and my criminal record. If there is any change in my current physical or mental health condition or in my criminal record prior to my departure for Service Program locations, I will immediately inform AMIGOS in writing of all facts. I understand that failure to submit accurate and complete information about my physical and mental health history, my current condition and my criminal record may result in my dismissal from the Service Program. I am now covered, and at all times while participating in the Service Program, I will remain covered by health insurance for illness and injury. I further understand and agree that AMIGOS will not be responsible for providing me any major medical care or hospitalization.

6. I understand that AMIGOS may deny or terminate my participation in the Service Program if any authorized representative of AMIGOS believes that my actions, behavior, physical and/or mental health, either in the past or during participation in the Service Program, may jeopardize me, the Service Program or any of the participants therein or otherwise create any undue burden on the AMIGOS staff or other participants.

7. I agree that my participation in the Service Program will be limited to the period commencing on the date I execute this Agreement and ending on the date my participation in the Service Program terminates with or without notice from AMIGOS (the "Termination Date"). The Termination Date will be the earlier of (i) the date on which I am dismissed from the Service Program, or (ii) the date on which I return to my country of origin, traveling with the return ticket or other transportation arranged by AMIGOS. I understand that I will be deemed dismissed from the Service Program (i) if I am asked or required to leave the host country assignment prematurely because of my health or a violation of the Standards, or (ii) if I alter the travel schedule arranged for me by AMIGOS, or (iii) for any other reasons determined by AMIGOS in good faith. The Termination Date will not be extended unless agreed to in writing by AMIGOS, myself, and, if I am under 18 years of age, by my parent(s) or legal guardian(s). I further agree to pay any additional travel costs and other expenses incurred by AMIGOS if I return to my country of origin on a date other than that originally scheduled.

Initials: _____ Participant _____ Parent/Legal Guardian _____ Parent/Legal Guardian

8. I consent and agree to (i) the disclosure (if and when determined by the President of AMIGOS, or his/her authorized designee, to be necessary or appropriate) to my parent(s) and/or legal guardian(s) of information pertaining to my physical and mental health during my participation in the Service Program, including any assault resulting in physical harm; (ii) the disclosure by AMIGOS of information of a personal or confidential nature when the President of AMIGOS, or his/her authorized designee, determines that such disclosure is necessary to promote or protect my personal health or safety; (iii) the disclosure of health information by AMIGOS to my insurance provider for purposes of arranging and paying for medical treatment; and (iv) the release by any third party to AMIGOS and its insurance carriers of my name and medical information that may relate to any injury I may suffer arising from my participation in the Service Program. I further agree to allow AMIGOS to use my name, written or oral quotations and/or photograph in marketing, training and promotional materials, including, but not limited to, posters, brochures, handbooks, and electronic web sites.

9. In consideration of the acceptance by AMIGOS of my participation in the Service Program I hereby:

   a. Acknowledge, fully understand and agree that (i) my participation in the Service Program will involve activities in a foreign country that will likely occur in remote, underdeveloped and/or politically sensitive areas; (ii) during the course of my participation in the Service Program, I may be subjected to risks of disease and/or injury and/or risks to my personal safety and welfare; and (iii) if it becomes necessary for me to receive medical services while participating in the Service Program, such medical services may not be immediately available and, where available, may not be provided at a level equivalent to medical services in my country of origin. I FULLY ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THE SERVICE PROGRAM.

   b. Acknowledge and agree that by signing this Agreement, I am releasing AMIGOS, its licensed and/or affiliated chapters, and their respective staff, officers, trustees, directors, employees, agents, contractors, physicians, host country sponsors and other participants in the Service Program (hereinafter individually and collectively referred to as "Released Party") from liability for any act, omission or negligence in connection with or in any way related to my participation in the Service Program, unless the same results from any willful misconduct or gross negligence on the part of such Released Party;

   c. WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE any Released Party for or in connection with any and all loss, claims, damages, liabilities, costs (including, without limitation, attorneys fees and associated expenses), or actions (INCLUDING, WITHOUT LIMITATION, ANY LOSS, CLAIMS, DAMAGES, LIABILITIES, COSTS OR ACTIONS ATTRIBUTABLE TO THE NEGLIGENCE OF ANY RELEASED PARTY, UNLESS THE SAME RESULTS FROM ANY WILLFUL MISCONDUCT OR GROSS NEGLIGENCE ON THE PART OF SUCH RELEASED PARTY) in any way arising out of, connected with, or attributable to my participation in the Service Program (including, without limitation, any inoculations, general medical treatment, or emergency medical treatment, including surgery, rendered to me in event of need).

10. If the Participant is under 18 years of age on the date of this Agreement, this Agreement must be signed by such Participant's custodial parent(s) and/or legal guardian(s) who agree as follows:

    a. In consideration of AMIGOS allowing my child to participate in the Service Program, I hereby confirm that my child is fit for, and I hereby consent to, my child's participation in the Service Program.

    b. I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE any Released Party for or in connection with any and all loss, claims, damages, liabilities, costs (including, without limitation, attorneys fees and associated expenses) or actions that I or my child may allege against any Released Party (INCLUDING, WITHOUT LIMITATION, ANY LOSS, CLAIMS, DAMAGES, LIABILITIES, COSTS OR ACTIONS ARISING OUT OF THE NEGLIGENCE OF ANY RELEASED PARTY, UNLESS THE SAME RESULTS FROM ANY WILLFUL MISCONDUCT OR GROSS NEGLIGENCE ON THE PART OF SUCH RELEASED PARTY) in any way arising out of, connected with, or attributable to my child's participation in the Service Program (including, without limitation, any inoculations, general medical treatment, or emergency medical treatment, including surgery, rendered to my child in event of need).

    c. BY SIGNING THIS AGREEMENT, I and, if appropriate, my custodial parents or legal guardians CONFIRM THAT I HAVE READ AND UNDERSTAND THE TERMS AND PROVISIONS OF THIS AGREEMENT, INCLUDING THE WAIVERS AND AGREEMENTS OF MY CHILD SET FORTH IN PARAGRAPH 9.

Initials: _____ Participant _____ Parent/Legal Guardian _____ Parent/Legal Guardian

1. This Agreement may not be modified orally, and a waiver of any provision of this Agreement will not be construed as a modification of any other provision hereof or as a consent to any subsequent waiver or modification. Every term and provision of this Agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, such finding will not affect the other terms and provisions hereof, all of which will remain binding and enforceable. This Agreement shall be binding upon each person who has signed it and his or her respective heirs and legal representatives. A Participant who turns 18 years old after signing this Agreement shall continue to be bound by the terms and provisions hereof as if he or she had executed the Agreement after reaching the age of majority.

This Agreement will be governed by and construed in accordance with the laws of the State of Texas, and exclusive venue of any action brought hereunder will lie in Harris County, Texas. This Agreement may be executed by facsimile signatures and in multiple counterparts, all of which will constitute one and the same Agreement.

______________________ __________ ______________________________ ___________________
Participant's Name (printed) Date of Birth Participant's Signature Date

_____________________________________ ______________________________ ___________________
Parent's Name (printed) Parent's Signature Date

_____________________________________ ______________________________ ___________________
Parent's Name (printed) Parent's Signature Date

OR

_____________________________ _________________________ ___________________

Legal Guardian's Name (printed) Legal Guardian's Signature Date

Note: If the participant is under 18 years of age, all custodial parents or legal guardians must sign this release.

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Release of Health Information

Note: ***<u>This release is not applicable to participants under the age of 18 years old</u>****. All participants 18 years of age or older must thoughtfully consider whether or not to sign this release. This release must also be signed by participants who will turn 18 years old during their summer participation.*

I, ___________________________(print full name), will be 18 years of age or older during my participation in Amigos de las Américas (AMIGOS) programs in Latin America.

Beyond what I have already authorized by signing the Consent and Release Agreement for Amigos de las Américas, I hereby authorize AMIGOS and its duly authorized representatives to release, during my participation in AMIGOS' programs in Latin America, personal information concerning my physical and/or emotional health to my parent(s) or legal guardian(s), and to individuals assisting with medical communications for AMIGOS.

It is my understanding that I have the right to revoke this authorization at any time, provided that the revocation is in writing and is received by the President of the AMIGOS International Office.

Participant's Signature: ________________________________ Date: ____________________

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Standards of Personal Conduct and Community Behavior

Note: AMIGOS is a challenging program that requires a significant amount of responsibility from participants. This includes a strict adherence to the Standards of Personal Conduct and Community Behavior. Keep a copy of the Standards of Personal Conduct and Community Behavior for future reference.

The AMIGOS participant will not:

1. Engage in any behavior that may be harmful to the health and safety of the participant or others, nor will the participant engage in any behavior that may be detrimental to the program;
2. Use or possess any drugs which are illegal under the laws of the United States or the host country;
3. Consume any alcoholic beverage;
4. Leave his/her assigned work area without prior permission from a member of the AMIGOS Project Staff;
5. Engage in amorous conduct;
6. Operate any motorized vehicle or ride on a motorcycle;
7. Handle firearms; or
8. Use tobacco products.

Each AMIGOS participant and his/her parents should understand that the following rules, known as the AMIGOS Standards of Personal Conduct and Community Behavior, apply during all phases of AMIGOS participation.

Procedures in the Event of a Violation of the Standards

An infraction or disregard for the Standards of Personal Conduct and Community Behavior may result in the participant's immediate dismissal from the Training Program or the participant's removal from the Latin America Service Program and return to the United States, country of origin, and/or home residence at the expense of the participant and his/her family.

If it is suspected that a participant has violated the Standards of Personal Conduct and Community Behavior, the AMIGOS Project Staff may discuss and document the alleged violation with the participant. When the AMIGOS Project Staff writes a formal incident report, the participant may add personal comments to the report and request a copy of the incident report. The formal incident report is signed by the AMIGOS Project Staff and the participant and is filed with the International Office. The decision to send a participant home is made by the President of AMIGOS, or his/her designee, after consulting with the AMIGOS Project Staff and reviewing the formal incident report and the participant's personal comments. Any participant involved in a rule violation may appeal the decision in writing to the AMIGOS President, whose decision shall be final and non-appealable. When the decision is made to return a participant, the appropriate travel arrangements are made and a member of the Project Staff escorts the participant to the departure airport in Latin America. The participant may be met by a member of the AMIGOS International Office Staff or a designated representative for consultation and debriefing before returning home.

Penalty for Dismissal Due to a Violation of the AMIGOS Standards

When a participant is returned to the United States, country of origin, and/or home residence due to an infraction of the AMIGOS Standards of Personal Conduct and Community Behavior, the entire program incurs intangible and tangible losses. A participant 's violation of the Standards and subsequent early departure will harm the image of the AMIGOS program at home and abroad, particularly in the participant's assigned community; disturb the normal operations of the participant's work team; and cost time and attention for the Project Staff and the International Office staff. More tangible expenses are those such as increased travel cost due to the participant's early departure, food and lodging for the departing participant and his/her escort, penalty charges associated with the cancellation of the participant's original return plane ticket, and certain administrative expenses associated with affecting the premature return of the participant. Any participant who is dismissed from AMIGOS due to a violation of any Standard of Personal Conduct and Community Behavior will be solely responsible for all costs associated with an early departure, which includes changes in airfare, as well as any additional lodging and administrative expenses.

Acknowledgment of Standards of Personal Conduct and Community Behavior

Note: The applicant and, if the applicant is under 18 years of age, his/her parent(s) or legal guardian(s) must read the Standards of Personal Conduct and Community Behavior and then sign and return this Acknowledgment.

Participant Name: ______________________________ ☐ CV or ☐ Chapter: ________________________

Have you ever been convicted, adjudicated or otherwise found liable for a criminal offense, including in juvenile court?

Yes ☐ No ☐

If yes, please explain. ____
____

We, the AMIGOS participant and custodial parent(s) or legal guardian(s) have read the AMIGOS Standards of Personal Conduct and Community Behavior in its entirety.

<u>The AMIGOS participant will not</u>:

1. Engage in any behavior that may be harmful to the health and safety of the participant or others, nor will the participant engage in any behavior that may be detrimental to the program;
2. Use or possess any drugs which are illegal under the laws of the United States or the host country;
3. Consume any alcoholic beverage;
4. Leave his/her assigned work area without prior permission from a member of the AMIGOS Project Staff;
5. Engage in amorous conduct;
6. Operate any motorized vehicle or ride a motorcycle;
7. Handle firearms; or
8. Use tobacco products.

I, the AMIGOS participant, pledge to uphold and abide by the AMIGOS Standards of Personal Conduct and Community Behavior while in any event sponsored by AMIGOS training, while in Latin America, and while traveling to and from Latin America. I understand that if I violate the AMIGOS Standards of Personal Conduct and Community Behavior, I may be dismissed from the AMIGOS training program or dismissed from the Latin American Service Program before my scheduled return date.

We, the custodial parent(s) and/or legal guardian(s), fully understand the policies, procedures, and penalties associated with the AMIGOS Standards of Personal Conduct and Community Behavior. We agree to fully compensate Amigos de las Américas for any and all penalties and expenses incurred in the event of a rule violation and resulting early return from Latin America.

We, the AMIGOS participant and custodial parent(s) and/or legal guardian(s), understand that a participant who is dismissed early from the AMIGOS Latin America Service Program due to a violation of any component of the Standards of Personal Conduct and Community Behavior will be solely responsible for all costs associated with an early departure, which includes changes in airfare, as well as any additional lodging and administrative expenses.

Signature of Participant: ______________________________________ Date:__________________________

Signature of Parent (or Legal Guardian): ______________________________Date:__________________________

Signature of Parent (or Legal Guardian):______________________________Date:__________________________

Note: If the Participant is under 18 years of age, <u>all</u> custodial parents or legal guardians must sign this release.

General Health Criteria for AMIGOS Participants

AMIGOS places the highest priority on keeping the "participants", defined as Volunteers and Project Staff, safe and healthy during their time in Latin America. Program policy and guidelines on health and safety are rigorously enforced. Participants undergo intensive training to maintain their physical and mental health during their summer with AMIGOS.

However, an applicant with a significant history of some chronic illnesses, acute psychiatric conditions, or some kinds of physical disability may be subject to heightened vulnerability due to the living and working conditions on AMIGOS projects. Given certain health conditions, AMIGOS therefore may not be able to effectively guarantee safety or provide sufficient support. While participants with a variety of health issues have had very successful project experiences, it is important to be realistic about the project demands and potential impact on existing health conditions. Overall expectations include, but are not limited to the following:

i. Participants will be expected to have the physical and mental capacity to independently perform all duties associated with their role.
ii. Participants will be exposed to dietary changes that may affect and/or exacerbate any existing health conditions.
iii. Participants' communities will be principally in rural locations with limited, immediate access to specialty medical procedures.
iv. AMIGOS cannot guarantee electricity in all host communities, which may impact personal self care for participants.
v. Participants will be responsible for independently carrying out physically taxing activities. This will require the ability to physically engage in the project unaided, such as, but not limited to carrying one's own 40-50 lb. duffel bag, as well as other personal items and project related materials.
vi. Given the significant contributions of host communities and host families to AMIGOS, it is crucial that we consider how they may be impacted by a participant's health conditions and physical and mental capacities.
vii. AMIGOS reserves the sole right to determine eligibility for our programs through an extensive health screening process.

Additionally, to be eligible for acceptance into the AMIGOS program, applicants must meet both the physical and mental health criteria described below at the time of application. Participants may have a change in their physical or mental health status before leaving for the field. In this case, the International Office and local chapter, if applicable, must be informed of the change and a reassessment of eligibility will occur. Participants may re-apply the following summer if they believe their health status has changed significantly.

Physical Health Criteria:

In order to participate safely in the AMIGOS program, a participant must be able to perform the following "major life activities" as defined in the Americans with Disabilities Act of 1990:

- Caring for one's self
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Breathing
- Speaking
- Learning
- Working

In addition, the following variables will be given serious consideration when determining the eligibility of an applicant to the AMIGOS program.

- Successful completion of the pre-summer training.
- The ability to be independently mobile, such as but not limited to, walking on uneven terrain for distances of multiple miles and maneuvering elevations unaided.
- The extent and availability of necessary medical treatment, monitoring, or physician follow-up in-country for the disclosed conditions or illnesses.
- Possible undue burden on the host family or community due to accommodations required for the health and safety of the applicant in question.

Mental Health Criteria:

- No acute psychiatric diagnosis or episode, or psychiatric hospitalization within the past year, prior to the current application to AMIGOS.
- No new *psychotropic medication(s) within six months of departure for country assignment.
- No major changes of existing psychotropic medication(s), including sudden stoppage, within three months of departure for country assignment.
- Relative stability (verified by the treating clinician) over the last year, if a history of chronic depression, anxiety, or other psychological or behavioral diagnoses exists. ***Some diagnostic categories will be ruled out depending on AMIGOS' assessment as to whether these Volunteers constitute more risk for health and safety than the program staff can manage.***
- Willingness by the participant to sign a Self-Care Agreement which holds them accountable for administering their own prescribed medication(s) (antidepressant, stimulant, anti-anxiety agent, etc.) and monitoring their mental health, reporting immediately any new or familiar symptoms.

*Psychotropic medication: Any medication capable of affecting the mind, emotions, and behavior such as antidepressant/anti-anxiety agents, antipsychotic drugs, mood stabilizers, anticonvulsant medication, stimulants for the treatment of ADHD, etc.

Letter of Health Disclosure

Your physical/mental health and safety are our top priority. AMIGOS is a challenging program that requires a lot of stamina and independence in often stressful conditions. The work and living conditions may be quite rigorous, and since you will not have your usual support network, you will need to rely on your own strong coping skills.

For the following sections of the application, please be candid in disclosing health history, and any current conditions for which you may have been treated within the last 2 years. Disclosure of chronic medical or psychological diagnoses does not automatically disqualify you, but will necessitate careful screening to assess whether you can be adequately supported in Latin America.

If you note on the “Confidential Health Form I” a medical or psychological condition, then an AMIGOS medical or mental health professional with contact you or your parents/legal guardians (if you are under 18) to ask some specific questions and to get release to speak to your treating clinician. After careful screening of all the data, the International Office of AMIGOS will decide whether or not to accept your application.

Please be aware that intentional non-disclosure of important health history (physical or psychological) may result in disqualification from the program. In addition, any change in health status throughout the training year must be reported to the International Office. Further screening will be done when a new issue, or change in physical or mental health status arises.

AMIGOS has many participants each year who have histories of physical and mental health challenges, for which they have been adequately treated. There are some applicants each year for which we cannot provide adequate support and safety, given the status of their current health. Any decision to defer an applicant's participation because of medical or mental health challenges is made out of concern for the applicant's health and safety while in Latin America. AMIGOS would welcome another application in the future, once the medical or psychological health status is more stable.

Please understand that your acceptance into the AMIGOS program is "provisional" until all health screening has been completed. You can facilitate this process by being honest and forthright in completing the “Confidential Health Form I” today, and returning it in a sealed envelope to insure privacy. If you are under 18, this form must be signed by your parents or legal guardian. You will be required to complete “Confidential Health Form II”, which requires your physician/clinician's signature, and your immunization records in a sealed envelope.

I have received, reviewed, and understand the Letter of Health Disclosure.

Participant’s Full Name (printed): ________________________________ Date: _______________

Participant’s Signature: ____ Date: _______________

Signature of Parent/Legal Guardian (if under 18): ____________________________ Date: ___________

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Name (First & Last): ___________________________

Confidential Health Form I (CHF-I)

(Please write legibly in ink or type into pdf form)

Note: *Providing false, misleading and/or incomplete information may seriously endanger the health of a participant and is grounds for his/her dismissal from the AMIGOS program. Participant files, including medical forms, are considered confidential and information is released by the International Office on a need-to-know basis only. Disclosure of a medical condition does not automatically disqualify an applicant from admission to the program, but may result in further screening to determine appropriateness for AMIGOS service.*

Participant Information

Gender: ☐ Male ☐ Female	**Phone Number:** (☐ **home or** ☐ **cell)**
Date of Birth: / /	
Height: ft. in.	**Health Insurance Carrier:**
Weight: lbs.	**Health Insurance Policy/ID #:**
Email Address:	**Health Insurance Carrier phone #:**

Physical Health & History

(1) Do you have any (or have a history) of the following conditions? (*check the appropriate boxes*):

	YES	**NO**
Asthma requiring daily medication use	☐	☐
Serious food/insect allergy requiring the availability of EpiPen	☐	☐
Seizure disorder	☐	☐
Diabetes	☐	☐
Any orthopedic/neurologic condition that impairs your mobility	☐	☐
Any congenital medical conditions (e.g. congenital heart disease)	☐	☐
Hypertension	☐	☐
Altitude sickness	☐	☐
Any other health condition that may need to be taken into consideration	☐	☐

(2) If you answered "yes" to any of the above, please explain your condition(s) *(e.g. list foods that you are allergic to)* <u>*AND*</u> provide the name and dosage of any medications that you take to manage/treat each listed condition(s) below.

Explanation: ____

Medication Name	**Dosage** (e.g. 5mg)	**Frequency** (e.g. 2x/day)	**Side Effects** (include known & potential)	**Reason for Taking**

Name (First & Last): ___________________________

(3) Please provide the full name and contact information (office phone number & location) for the treating clinicians for the aforementioned conditions. (*The health screener may not be in the same time zone*).

Name of clinician: ______________________________

Office phone number: ___________________________

Location: ______________________________________

Mental Health & History

(1) Have you ever sought professional help for a psychological or behavioral problem? (Including ADHD or an Eating Disorder)

☐ Yes ☐ No

If yes, please explain here:

____

(2) Currently and/or during the past two years have you…? (*check & complete the appropriate boxes*):

	YES	NO	DATES	REASON/EXPLANATION
Received outpatient mental health services (e.g. therapy or counseling sessions)	☐	☐		
Received inpatient psychiatric services (e.g. hospitalization for psychiatric treatment)	☐	☐		
Received chemical dependency services	☐	☐		
Received treatment in an Eating Disorder Program	☐	☐		

(3) Are you currently, or have you within the past two years, taken prescribed medication for a psychological or behavioral problem?

☐ Yes ☐ No

If yes, please document all medication name information in the below table.

Medication Name	**Dosage** (e.g. 5mg)	**Frequency** (e.g. 2x/day)	**Side Effects** (include known & potential)	**Reason for Taking**

Name (First & Last): ___________________________

(4) Please provide the full name and contact information (office phone number & location) for the treating clinicians for the aforementioned conditions. (*The health screener may not be in the same time zone*).

Name of clinician: ______________________________

Office phone number: ___________________________

Location: ______________________________________

I hereby certify that the information provided in Confidential Health Form I is complete and accurate. I understand that submission of inaccurate and/or incomplete information about my medical and/or emotional health history may result in my dismissal from the AMIGOS program. I agree that if any substantial change should occur in my medical and/or emotional health prior to my departure for training and Latin America Service Program locations, I will also inform AMIGOS in writing immediately. I further agree that I will sign a release form with my treating clinician(s) to allow the exchange of information with authorized AMIGOS health screeners.

Note: *If the Participant is under 18 years of age, at least one custodial parent or legal guardian must sign this release and provide contact information.*

Participant's Signature: ____ Date: _______________

Signature of Parent (or Legal Guardian): ________________________________ Date: ______________

Name & all contact information parent or legal guardian (if under 18 years old) who would like to be contacted for health screening:

Name of parent or legal guardian: _______________________________

Preferred contact phone number: ____________________________

Email address: ____

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Name (First & Last): ___________________________

Confidential Health Form II (CHF-II)

(To be completed by physician/clinician)

Attention Participant & Parent/Legal Guardian:

- If during the past two years you received outpatient mental health, inpatient psychiatric, or chemical dependency services, a copy of this form must also be completed by those treating clinicians.
- It is important that your physician/clinician be aware of the rural, sometimes under-developed conditions in which participants may live and indicate any condition that may affect your participation.
- Any additional forms your physician/clinician(s) wish to use may be attached; however, this form must also be completed in full.

Attention Physician/Clinician:

Your patient is requesting an examination to participate in Amigos de las Américas for a period of up to 8 weeks (for Volunteer applicants) or 3-4 months (for Project Staff applicants). Please be aware that **your patient must receive all vaccinations and necessary project-specific prophylaxis (e.g. anti-malarial medication) required by AMIGOS. The updated list of required inoculations and medications will be released in early spring 2011 once all participant country and project assignments are made**. The AMIGOS Service Program in Latin America can be physically and emotionally challenging. Participants must be able to function relatively independently under stressful conditions using Spanish as their main language. They will be supervised by young adults who are not health professionals. Conditions the participant may face include, but are not limited to, the following:

(a) rudimentary living conditions;
(b) lack of clean, disinfected water;
(c) extreme climatic conditions which may include heat, cold, high altitude and long periods of rain;
(d) a dramatically different diet; and
(e) different and stressful cultural settings which may be emotionally challenging.

Additionally, medical and pharmaceutical services may not be immediately available and may not be available at a level equivalent to those in the United States or the participant's country of origin. Disclosure of a medical condition does not automatically disqualify an applicant from admission to the program, but may result in further screening to determine the appropriateness for AMIGOS service.

This medical report is reviewed by AMIGOS and copies are taken to Latin America. Please return this form to your patient for submission to our International Office.

If you have any questions about this form and or AMIGOS, call 713-782-5290 (or toll free at 1-800-231-7796) and ask the Administrative Assistant to speak with "Volunteer Services". Or send an email to info@amigoslink.org. Feel free to visit AMIGOS' website: www.amigoslink.org

Initialed by Clinician: ____________

Name (First & Last): ___________________________

(1) Do you consider your patient psychologically stable enough to responsibly handle the stresses of the AMIGOS community assignment in Latin America? *(Please refer to the above "Attention Physician/Clinician" for a description of the AMIGOS Program.)*

☐ Yes ☐ No

Comments:

(2) During the AMIGOS Latin American assignment your patient may experience a dramatic change in diet. Has your patient been able to independently maintain adequate nutrition in the past and do you consider that your patient will be able to do so during the AMIGOS Service Program?

☐ Yes ☐ No

Comments:

(3) In your judgment as a clinician, please document any mental or physical conditions that are of potential concern for your patient's successful participation in AMIGOS.

Note: Any substantial change in your patient's medical and/or emotional health prior to his/her departure for the Latin America community assignment should be reported promptly to:

Volunteer Services
Amigos de las Américas
5618 Star Lane
Houston, Texas 77057 USA

Initialed by Clinician: ____________

Name (First & Last): ___________________________

MEDICAL HISTORY

Medications

(1) Please list **all** prescription, over-the-counter, and natural medications your patient is currently taking. Make a note that you have written on the back of this form if additional space is needed.

Medication Name	Dosage (e.g. 5mg)	Frequency (e.g. 2x/day)	How long has medication been prescribed? (e.g. 6 months)	Side Effects (include known & potential)	Reason for Taking	Will take medication during AMIGOS Latin American service program?
						Yes ☐ No ☐
						Yes ☐ No ☐
						Yes ☐ No ☐
						Yes ☐ No ☐
						Yes ☐ No ☐

(2) Do you consider your patient to be stable on their current medications?

☐ Yes ☐ No

Comments:

(3) Do any medications require constant refrigeration or frequent adjustments and monitoring?

☐ Yes ☐ No

Comments:

(4) Do you consider your patient capable of caring for and administering his/her own medication as prescribed?

☐ Yes ☐ No

Comments:

Initialed by Clinician: ____________

Name (First & Last): ___________________________

Allergies

(1) Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.) or select ☐ No known allergies.

Allergy	Reaction	Medication Required (e.g. EpiPen), if any	Will take medication during AMIGOS Latin American service program?
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

(2) Describe the severity of your patient's allergies.

____

Other Conditions

Please list any medications related to the below conditions on the previous page.

(1) Does your patient have any (or have a history) of the following conditions? (*check the appropriate boxes*):

	YES	NO
Asthma	☐	☐
Seizure disorder	☐	☐
Diabetes	☐	☐
Any orthopedic/neurologic condition that impairs your patient's mobility	☐	☐
Any congenital medical conditions (e.g. congenital heart disease)	☐	☐
Hypertension	☐	☐
Altitude sickness	☐	☐
Recent physical injury or disability (causing any limitations in walking long distances, lifting objects, doing construction tasks, etc.)	☐	☐
Any other health condition that may need to be taken into consideration	☐	☐

(2) If you answered "yes" to any of the above, please explain the severity of each of your patient's condition(s).

____

____

Initialed by Clinician: ____________

Name (First & Last): ___________________________

MENTAL HEALTH HISTORY

Please check if the primary care physician ☐ or participant's mental health professional ☐ is completing this section.
***** If an individual other than the primary care physician is completing this section, please also include complete contact information on the next page along with the physicians.***

(1) Has your patient **ever** had a diagnosis of, received outpatient treatment for, or been hospitalized for:

_____ Anxiety
_____ Panic Attacks
_____ Depression/Mood Disorder
_____ Suicide Attempt
_____ Bipolar Disorder
_____ Obsessive Compulsive Disorder
_____ Psychosis
_____ Eating Disorder (Anorexia/Bulimia)
_____ Attention Deficit Hyperactivity Disorder
_____ Substance Abuse/Chemical Dependency
_____ Other Psychiatric/Emotional Disorder *(please describe)*

For each psychiatric condition, record all applicable letters:

X = No history of this condition

D = Diagnosis without treatment

T = Outpatient Treatment **(concluded)**

T/C = Outpatient Treatment **(current)**

H = Hospitalization

(2) If your patient has a history of any condition listed above in (1), please answer the following questions for each condition. *(Please copy this section for each additional condition)*

(a) What was/is the nature of the condition?

Dates of active illness/Periods of remission:

Symptoms:

Severity:

(b) What was/is the nature of the treatment?

Dates:

Modalities used:
If a medication is prescribed currently, please add it to the medication table in the medical history section of this form.

Level of compliance/Response to treatment:

Initialed by Clinician: ____________

I have attached additional physician/clinician's notes.

Yes ☐ No ☐

I would like to talk privately with an AMIGOS Health Screener to obtain more detailed information on the program demands.

Yes ☐ No ☐

Primary Care Physician's Signature ___________________________________ Date ______________

Physician's Name (please print) ____

Street Address ______________________________________City ___________________________

State _____________________ Zip Code _________________ Phone (________)________________

Other Treating Clinician's Signature __________________________________Date ______________

Clinician's Name (please print) ____

Street Address ______________________________________City ______________________

State _____________________ Zip Code _________________ Phone (________)________________

Financial Assistance
(Optional)

Note: Amigos de las Américas actively recruits and supports Volunteers from all socio-economic backgrounds. All Volunteers who have been accepted into the program and who meet certain criteria may apply for financial assistance to reduce participation costs. In order to considered, the financial assistance application must be completed in full, accompanied by a copy of the Volunteer's or custodial parents'/legal guardian's most recent IRS tax return, and signed by the Volunteer and his/her parent(s) or legal guardian.

Financial Assistance Deadlines:

Chapter Volunteer applications must be postmarked by January 14, 2011
Chapter Volunteers will receive award notification by February 13, 2011

Correspondent Volunteer (CV) applications must be received by April 2, 2011
Correspondent Volunteers (CVs) will receive award notification by April 15, 2011

Financial Assistance

Amigos de las Américas seeks to make the AMIGOS Service Program experiences possible to a diverse array of youth. Depending on the availability of funds and the applicant's eligibility and need, the International Office of AMIGOS may award individual applicants financial assistance. Generally awards do not exceed $500.

Criteria for selection are:

1. Determination to participate in the AMIGOS program
2. Proven interest in leadership development and service
3. Acceptable level of Spanish/Portuguese proficiency
4. Gross family income of $65,000 or less (Incomes greater than $65,000 may be considered if there are extenuating financial circumstances that would prevent participation in the AMIGOS program without financial assistance.)
5. Submission of the most recent IRS Tax Return verifying the gross family income.

AMIGOS Veteran Discounts

The purpose of this discount is to reward veteran Volunteers for the experience they bring to the program. A $350 Veteran Discount is automatically awarded to returning Volunteers by the International Office. No application is necessary. Veteran Discounts may be supplemented with other International Office financial assistance.

All financial assistance recipients are encouraged to give voluntary service either in recruiting Volunteers or assisting with training during the academic year following their participation in the AMIGOS program.

Financial Assistance Application
(Optional)

All Volunteers accepted into the AMIGOS program who meet the stated criteria are eligible to apply for financial assistance. In order to be considered, this application must be completed in full, be accompanied by a copy of the most recent IRS tax return of the person(s) claiming the Volunteer as a dependent (if the Volunteer is not a dependent, then his/her most recent IRS tax return must be submitted), and be signed by all parties, regardless of the applicant's age.

Name:____

First **M.I.** **Last**

☐CV ☐Chapter:____ ______________________ ______ AMIGOS Veteran: ☐Yes ☐No

Annual Gross Family Income: $______________

Do your custodial parents/legal guardians claim you as a dependent for tax purposes? ☐Yes ☐No

If yes, attach a copy of **their** most recent IRS Income Tax Return.
If not, attach a copy of **your** most recent IRS Income Tax Return.

How many dependents do your parents/legal guardians claim for tax purposes? _______________

Select your race/ethnicity?

White/Caucasian ☐ Black/African American ☐ Native American ☐

Hispanic/Latino ☐ Asian/Pacific Islander ☐ Multi-Ethnic ☐

Other ☐ Prefer not to Answer ☐

To the best of my knowledge, all information on this form is complete and accurate:

Signature of Volunteer: ____Date: ____________________

Signature of Parent/Legal Guardian:__ ________________________ _____Date: ____________________

Signature of Parent/Legal Guardian:__ ______________________________Date: ____________________

Please answer the following questions in the space provided.

1. Are there any special circumstances, financial or otherwise, that we should consider in reviewing your application for financial assistance?

Amigos de las Américas ®

Name (First & Last): ______________________________

*Confidential Health Form III (CHF-III)

(Please write legibly in ink or type into pdf form)

*Do not complete before Friday, March 18, 2011
*Due to AMIGOS International Office on: Friday, April 8, 2011

PLEASE READ CAREFULLY: The purpose of this form is to report any changes to the status of your criminal background, physical health, mental health, health insurance, or medications since you submitted your full application and Confidential Health Forms I & II. Providing false, misleading and/or incomplete information may seriously endanger the health of a participant and is grounds for his/her dismissal from the AMIGOS program. Participant files, including health forms, are considered confidential. The International Office only releases information on a need-to-know basis.

Participant Information

Chapter____________________ **or** ☐ **Correspondent Volunteer (CV)**	**Phone Number: (☐ home or ☐ cell)**
Gender: ☐ Male ☐ Female	**Health Insurance Carrier:**
Date of Birth: / /	**Health Insurance Policy/ID #:**
Email Address:	**Health Insurance Carrier phone #:**

Note: AMIGOS provides a supplemental, short-term, international health insurance policy that will cover medical expenses while in Latin America up to $100,000. This policy does not cover care in the U.S. It is strongly recommended that participants carry a primary health insurance policy for medical expenses not covered by the AMIGOS supplemental policy and for follow-up care in the U.S. Expenses not covered by the AMIGOS supplemental policy will be entirely the responsibility of the participant and his/her family.

(1) Have you confirmed with your insurance carrier that you will be covered for injury and/or illness while traveling outside of the United States?

Yes ☐ No ☐

(2) Have you ever been convicted, adjudicated or otherwise found liable for a criminal offense, including in juvenile court?

Yes ☐ No ☐

If yes, please explain.

____

____

Name (First & Last): ___________________________

(3) I have (or will have) received ALL immunizations and medications required for my assigned project before I depart for Latin America. (Refer to the most up-to-date list of 2011 Required Immunizations & Medications emailed to you).

Yes ☐ No ☐

If no, please list which immunizations and/or booster immunizations you must obtain:
____
____

(4) Please check ONE of the following boxes:

If there have been any changes in your health status including, but not limited to; a new diagnosis, a new medication, or a change in medication or dose, for either a physical or mental health condition, check the YES box and complete the remainder of this form. If NO, skip questions (4)-A & (4)-B and go to the end of this form.

☐ **YES,** there have been changes and/or additional to my health history
(Describe the change(s) below and sign.)

☐ **NO,** there have been no changes in my health history
(Skip to the end of the form and sign.)

(4)-A In the **past 6 months**, have you…?

	YES
Begun taking any new medications or changed the dosage of medications you routinely take? (Include prescription, herbal, over-the-counter). List medication(s) below.	☐
Developed any allergies	☐
Developed any limitations in lifting objects, doing construction tasks such as mixing cement, or walking for long distances?	☐
Developed any other chronic medical conditions (asthma, diabetes, epilepsy, etc.)?	☐
Been diagnosed with, received outpatient treatment for, or been hospitalized for any of the following?	
Anxiety	☐
Panic Attacks	☐
Depression/Mood Disorder	☐
Suicide Attempt	☐
Bipolar Disorder	☐
Obsessive Compulsive Disorder	☐
Eating Disorder (Anorexia/Bulimia)	☐
Attention Deficit Hyperactivity Disorder	☐
Substance Abuse/Chemical Dependency	☐
Other Psychiatric/Emotional Disorder (please describe)	☐

Name (First & Last): ____________________________

(4)-B For each "yes" that you selected for the above categories, provide an explanation and the name and contact information of the treating clinician.

Explanation: ____

NEW MEDICATIONS

Medication Name	**Dosage** (e.g. 5mg)	**Frequency** (e.g. 2x/day)	**How long has medication been prescribed?** (e.g. 6 months)	**Side Effects** (include known & potential)	**Reason for Taking**	**Will take medication during AMIGOS Latin American service program?**
						Yes ☐ No ☐
						Yes ☐ No ☐

Name of clinician: ______________________________

Office phone number: ___________________________

Location: _____________________________________

I hereby certify that the information provided in this Confidential Health Form III is complete and accurate. I understand that submission of inaccurate and/or incomplete information about my medical and/or emotional health history may result in my dismissal from the AMIGOS program. I agree that if any substantial change should occur in my medical and/or emotional health prior to my departure for Latin America program locations, I will inform AMIGOS in writing immediately.

Your signature also certifies that you have received all immunizations required by the AMIGOS program for summer 2011. Note: A second tuberculin skin test is recommended upon return from Latin America.

Note: *If the Participant is under 18 years of age, at least one custodial parent or legal guardian must sign this release and provide contact information.*

Participant's Signature: ____ Date: ______________

Signature of Parent (or Legal Guardian): ______________________________ Date: ______________

Page Left Intentionally Blank

Keep original for use on day of travel and send in copy!

Parent Permission to Travel Form

Required of Volunteers Under Age 18
(Form must be completed, signed, and notarized within 60 days of departure to Latin America)

*** Many airlines require parental permission for minors to travel unaccompanied outside of the United States or their country of origin. Since age requirements vary among airlines, this form must be completed for any Volunteer who is under 18 years of age, and the **original must accompany the Volunteer while traveling**. This form is as important as the Volunteer's passport and airline tickets on the day of travel.*

*This form must be notarized and signed by **both** custodial parents, or legal guardian(s), if you are under 18 years of age. If one parent is unable to sign, the form must be accompanied by a copy of a death certificate, divorce decree, or other legal document that verifies the signing parent is the sole custodial parent. Guardianship papers should be attached when applicable. If both custodial parents are unable to sign the same form, each parent can submit a separate signed and notarized form.*

We, ________________________________ and ___________________________ or ________________________________
Parent Parent Legal Guardian

domiciled at ____,
(addresses)

do hereby AUTHORIZE our son/daughter, ____,
Full Name

to travel internationally, including travel to LATIN AMERICAN COUNTRIES, SUCH AS COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, HONDURAS, MEXICO, NICARAGUA, PANAMA , PERU & PARAGUAY, with the purpose of participating in the AMIGOS DE LAS AMÉRICAS Service Program, during 2011. We understand our son/daughter may be traveling unsupervised into and out of the country.

Parent Signature: ____ Date: __________________________

Parent Signature: ____ Date: __________________________

Legal Guardian's Signature: ____ Date: __________________________

Date Acknowledged before me on the ____________ day of _______________, 20____, by:

______________________________ and _______________________________ or ____
Parent Parent Legal Guardian

STATE OF ______________________
COUNTY OF ______________________
DISTRICT OF ______________________

____
Signature of Notary Public

Notary Public's Seal Here

____
Print or Type Name
My Commission Expires: ____