

Global Health & Medical Mission Internship

African Christian Fellowship USA Inc.(South Region Chapters)

* Required

Summary of programs

Location: Sierra Leone
Host Institution: African Christian Fellowship USA Inc.(South Region Chapters)
Program Title: Global Health & Medical Mission Internship

Description:

Opportunity for college seniors with future career interest in medicine to participate in a medical mission internship Overseas; also, an opportunity for resident physicians, practicing physicians & nurses (including nursing students) to volunteer at African Christian Fellowship Hospital & Eye Center, Samuel Town Sierra Leone. information about the program:
<http://acfnola.org/>

Credits

No credits will be awarded to participating college students ; however, reference letters will be granted to students who have completed the internship upon request.

Duration: Minimum of 1-2 Weeks.(excluding 2days of travel to Sierra Leone from USA)
Language: There is no language requirement, but proficiency in English is a plus.

Eligibility

College Seniors , Resident Doctors, Practicing Physicians , Nursing Students & Nurse Practitioners

Requirements for College Applicants:

- GPA \geq 3.0.
- Statement of Purpose 1-2 pages
- Character Attestation Letter

Housing: Hotel Accommodation (See travel guide)

Costs

Participants should budget approximately \$350-500 for housing, \$300 for meals, and \$200 for personal expenses. This estimate does not reflect current exchange rate and does not include flight expenses.

Deadline: Submit a completed application 4-6mo. before program begins.

Code of Conduct

Applicants are required to read the code of conduct, rules, regulations, and policies provided. All participants shall conform to the rules, policies, and standards of ACF, USA Inc. (Program Sponsors) as well as the laws of the host country.

*Immunization & other disease prevention requirements

- Yellow Fever Vaccine (due every 10yrs.)
- Typhoid Vaccine
- Malaria Chemoprophylaxis (malarone daily or mefloquine weekly)

Emergency Information Form

All participants in the Global Health & Medical Mission Internship sponsored by the African Christian Fellowship (ACF) South Region, U.S.A. Inc. are required to complete and submit this form in order to be eligible for the program.

Note: The information herein is confidential and will be in the possession of ACF program administrators & officers from institution sponsors. It will be used only in case of an emergency.

Information of Participant

1. Name *

2. Email *

3. Address *

4. Cell Phone Number *

5. Comments

Emergency contacts

Please provide names of 2 contact persons in case of an emergency

Emergency contact 1

Emergency contact 1

6. Name *

7. Permanent address *

8. Email *

9. Relationship

10. Cell Phone Number *

11. Home Number

12. Business/Work Number

Emergency contact 2

13. Name *

14. **Permanent address ***

15. **Email ***

16. **Cell Phone Number ***

17. **Home Number**

18. **Business/Work Number**

19. **In the event that the person above cannot be contacted in case of an emergency, I, the undersigned, hereby give permission to a representative of African Christian Fellowship to authorize immediate medical treatment. ***

Mark only one oval.

- I agree.
- I Disagree.

Healthcare Information

If you are currently, or have recently been, under a physician's care, and medications were prescribed please list the name(s) of the medications and the dates of use below.
(Prescription name, strength & dosage)

List previous hospitalization for any acute illness up till 3-6mo. before this application

I understand that I am responsible for carrying enough of my own medication while on the trip.

Please list any allergy, or physical conditions which may be considered as an emergency, (that may lead the African Christian Fellowship Program coordinators to think you are ill and need hospitalization) e.g. food allergies (peanut allergy); allergies to pets, dust, etc.; Asthma, Diabetes, Dizziness, Epilepsy; low stress tolerance; anxiety disorders, etc. Participants are advised to purchase international travel insurance. This is up to the discretion of the applicant and not a requirement.

20. Medication list

21. Allergy or physical conditions

Participant's Consent

To my knowledge, all the data submitted in this form are accurate.

22. Name of participant *

23. Signature *

Use your initials (if filling online, sign your name if filling on paper).

24. Date

Example: December 15, 2012

25. Name of Witness *

* Witness include (but not limited to):
Parents, Guardians & Significant others

26. Signature of witness *

Use your initials (if filling online, sign your name if filling on paper).

27. Date

Example: December 15, 2012

Assumption of Risk and Release Form

28. Name of Applicant

29. Date of Birth *

Applicants must be 18 years of age or older to apply

Example: December 15, 2012

30. Current Status of Applicant *

Mark only one oval.

- Student
- Resident Physician
- Attending Physician
- Nursing Student
- Advanced Practice Nurse
- Other

31. Name & Address of Affiliated Institution

32. Program Type

Mark only one oval.

- Global Health Volunteer
- Medical Mission Observership / Internship (College Applicants Only)

Signature

I understand that I am not required by African Christian Fellowship USA to participate in this particular program. I further understand that there are certain inherent risks associated with any travel and with participation in a program of this type. These inherent risks may include,

but are not limited to: lack of access to health care; falling victim of violent crimes; dangers associated with public or private transportation; exposure to disease bearing insects or communicable diseases. I am voluntarily accepting the risks associated with participating in this program and agree to cooperate with and abide by the program guidelines established by African Christian Fellowship USA. I further acknowledge that African Christian Fellowship or any of its employees, or agents cannot make any promise or assurance regarding my safety. I am also aware that I may obtain accident and travel insurance at my own expense to provide coverage for any emergency that might occur.

I release the African Christian Fellowship USA or its agents from any responsibility and liability for my injuries, illness, medical bills, charges or any other related expenses. In the event of sickness or injury, I may request the African Christian Fellowship program coordinator or primary contact to assist me in obtaining whatever treatment is deemed necessary, including admission to a hospital, the administration of life saving medications, blood transfusion or surgery. Furthermore, I provide African Christian Fellowship with permission to inform parents/guardians and significant others with a legitimate need to know in the event of sickness or injury. I agree to release and hold harmless the African Christian Fellowship USA or its agents from any and all liability and damages or losses I may suffer to my person or my property or both, which arise out of or occur during my participation in the program.

I agree that this Assumption of Risk and Release Form is to be construed in accordance with the laws of the State of Maryland (Headquarter of ACF-USA Inc.) and that if any portion of this agreement is held invalid by a competent court of jurisdiction, the remainder of the agreement shall continue in full force and effect. I acknowledge that I have read this entire document and I agree to its terms in exchange for my participation in this program.

33. Signature of Applicant *

Use your initials (if filling online, sign your name if filling on paper).

34. Signature of Witness *

Use your initials (if filling online, sign your name if filling on paper).

African Christian Fellowship South Region, USA Inc.

Code of Conduct Form

I understand that each country has its own standards of acceptable conduct, manners & morals; including laws governing use of recreational drugs and/or alcohol. I will educate myself on these laws and standards and abide by all such laws and standards. I understand that violating these laws and standards could damage my reputation and the reputation of the program organizers (ACF, USA Inc.). Also, I understand that such violations could damage the reputation & international standing of my institution abroad.

I will abide by the code of conduct and all rules, regulations, and policies stipulated by the African Christian Fellowship, USA. Also, I will conform to the laws of the host country, Sierra Leone.

35. Name of Applicant *

36. Signature *

Use your initials (if filling online, sign your name if filling on paper).

37. Date

Example: December 15, 2012

Attached documents

38. Add support documents

Files submitted:

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