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Dear Prospective Volunteer,

Thank you very much for your interest in Grounds for Health. Grounds for Health is a non-profit 501(c)3 organization that works in coffee-growing regions in Mexico, Central America and Tanzania. We train health care providers in cervical cancer prevention and provide free health education, cervical cancer screening and treatment services for women. We could not do the work we do without the generosity of our volunteer teams.

If you decide that you would like to be considered for a volunteer position, please fill out the attached application form and return it to us along with the items noted in the checklist below. We hope you will use the application form to share a bit about yourself and your experience and why you would like to be a part of the Grounds for Health team.

Due to the very specific nature of our work, we do not have space for all the applicants who would like to join us as volunteers. Once we receive your application, we will contact you to let you know if your skills match our needs. Then we will arrange a phone interview with you and contact your professional references. Once you have been accepted as a volunteer, we will then discuss the dates of our upcoming trips and assess your availability.

Please make sure that your completed application includes:

- A copy of your resume
- A copy of the photo page of your passport
- A signed copy of the attached volunteer waiver

Medical volunteers, pathologists and cytotechnologists we also need:

- A notarized copy of your current medical license/professional certification
- A notarized copy of your board certification

Thanks again for your interest! If you have any questions, please do not hesitate to contact us.

Martha Caswell
Program Manager
martha@groundsforhealth.org

Elisa Vandervort
Program Manager
elisa@groundsforhealth.org



VOLUNTEER APPLICATION FORM

Name: _____ Male _____ Female _____

Address 1 _____
Address 2 _____
City _____ State _____ Zip _____

Work Phone _____ Home Phone _____
Cell Phone _____ E-mail _____
How do you prefer to be contacted? _____

Date of Birth _____ Place of Birth _____
Citizenship _____
Passport # _____ Expiration _____

Occupation _____ Employer _____

Contact at Grounds for Health _____

Educational Background

Professional License or Advanced Degrees

For our sites in Latin America we require that our medical providers (physicians, nurses, physician assistants, midwives, etc.) are able to speak Spanish with enough fluency to participate in Spanish language clinical training courses, to serve as coaches for our partner in-country providers and to interact comfortably with patients. Though they are useful, Spanish language skills are not a requirement for lab and general volunteers. For our sites in Tanzania, Kiswahili language skills are an asset – as the patient population does not speak English, however the coaching for our in-country partners and all clinical trainings are conducted in English.

Do you speak Spanish? Yes No Do you speak Kiswahili? Yes No

If yes, please indicate your level of fluency:

Translator Fluent Proficient Conversational Some

Experience:

(Please attach your resume to the application and use this section to tell us a little about how your work and other experience might relate to your participation as a Grounds for Health volunteer.)

Please describe your work experience.

What kind of volunteer experience have you had in the past?

Have you had any international work or volunteer experience, especially in developing countries?

Please explain:

Training and education are at the core of our model – please tell us about experience you have as a trainer, preceptor, mentor, coach, etc.

How did you hear about Grounds for Health?

Why are you interested in being a Grounds for Health volunteer?

If you are a cytologist or pathologist, do you have access to a functional microscope that you could bring with you?

Please check the box next to any specific skills/experience you offer as a volunteer.

Medical providers/Lab team

- Lab management
- Colposcopy
- Visualization with Acetic Acid (VIA)
- Cryotherapy
- Family Planning
- Women's Health and Annual Exams
- Clinical precepting
- Clinical supervision

General

- Training
- Data Entry
- Organizing Groups
- Photography
- Videography

Describe additional skills:

What times of the year are best for you to volunteer?

Please list two professional references:

	Name	Phone/Email	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Emergency Contacts:

Name	_____	Relation	_____
Phone	_____		

Name	_____	Relation	_____
Phone	_____		

Medical Information:

Chronic Health Issues

Medications Taken

Medication Allergies

Food Allergies & dietary Restrictions



Release and Waiver of Liability

The undersigned volunteer is an adult 18 years of age or older who desires to volunteer his/her services to Grounds for Health, Inc., a non-profit corporation hereafter referred to as GFH. The undersigned understands and acknowledges that there may be risks of bodily injury or illness (including death) inherent in travel to lesser developed countries and in the provision of, or assistance with the provision of, medical care in such countries and that he/she voluntarily assumes all such risks in connection with his/her activities as hereinafter provided.

As a consideration for the right and privilege of being permitted to participate in the activities and services of GFH, the sufficiency of which is hereby acknowledged, the undersigned does hereby release GFH and its directors, officers, agents, and employees from any and all liability of any kind whatsoever and hold such harmless for any injury or illness (including death), whether physical or emotional, or property damage or loss of any nature resulting from, arising out of or in any way connected to the work, services, or activities performed or engaged in for GFH, and to hold GFH and its directors, officers, agents and employees harmless and indemnify and defend them against all claims, liabilities, loss, damage, or costs in any way connected to his/her activities engaged in or performed in connection with GFH.

The undersigned further acknowledges that he/she is responsible for the provision of his or her own health insurance, life insurance and/or professional liability insurance coverage and hereby acknowledges that the same are in full force and effect.

The undersigned hereby acknowledges and affirms that he/she has carefully read and understands this Release and has signed this Release voluntarily. The undersigned further recognizes and agrees that any questions as to the legal application of this release shall be determined by the courts of the state of Vermont, USA according to the controlling law of Vermont.

Signature of volunteer

Printed or typed name of volunteer

Witness signature

Date