



Operation Hope for Children of Haiti | OHFCOH

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Memorandum of Understanding

I hereby volunteer my services for the medical treatment / non-medical treatment (*circle one and initial*) of the underserved people in _____ (Country) during the period of _____ (Dates).

I understand that Operation Hope for Children of Haiti, Inc. (OHFCOH) serves as the coordinating organization for this act of charity and humanitarian concern.

I understand that I will pay my own round-trip airfare expenses between _____ (your state) and _____ (country), as well as lodging and any in-country expenses, such as on-ground transportation.

I understand that no volunteer, including the coordinator, is paid for any services rendered to the patients, and that no one involved in Operation Hope for Children of Haiti, Inc. (OHFCOH) receives any remuneration for work performed in connection with the charitable mission.

I understand that I may keep medical records for any of the patients I treat and that I may keep data, including photographs, for any of the cases I handle. I understand that I will have to bring my own medical and surgical instruments, and any other equipment and supplies I may need to render medical services to patients in _____ (country).

I understand that I am obliged to adhere to the Operation Hope for Children of Haiti, Inc. (OHFCOH) Volunteer Code of Conduct, and to abide by it during my participation on this mission.

I further understand that my work with the Medical Mission shall not in any way be used for advertising, social networking, marketing or any other commercial purpose without prior approval and express written consent of the Board of Directors of Operation Hope for Children of Haiti, Inc. (OHFCOH).

Please PRINT and Sign Your Name

Date

Operation Hope is a 501(c)(3) non-profit organization, EIN# 11-3361540. Operation Hope is also a non-governmental organization (NGO), NIF ID number 000-596-419-0. All contributions are tax-deductible to the fullest extent permitted by law.

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Updated: 03.01.10