

Thank you for choosing to volunteer with Amazon Promise!

1. Please complete this entire Application and send it to Amazon Promise.

2. Additionally, please provide:

- * Copy of your current passport
- * Medical license or diploma/certificate
- * \$300 deposit
- * Original signed RELEASE AND NOTIFICATION FORM via mail.

3. Send Application by mail:

OR

Send Application by Email:

Amazon Promise
PO Box 1304
Newburyport, MA 01950
USA

Jackie@amazonpromise.org
Abigail@amazonpromise.org

Trip Policies and Cancellation Information

1. Amazon Promise Medical Outreach Trip Dates are final. However, Amazon Promise may facilitate additional Medical Outreach Trips for groups of 5 to 10 people who wish to work and travel together.
2. All deposits for trip fees are due at the time of application. Deposits are non-refundable. However, deposit may be applied to another Medical Outreach Trip within 12 months.
3. Trip fees are due in full 45 days prior to the Medical Outreach Trip start date. Due to the impact of volunteer cancellations on the entire Medical Outreach Trip, trip fees are non-refundable.
4. Trip cancellations by Amazon Promise are very uncommon.* Amazon Promise will notify volunteers of cancellation no later than two weeks prior to Medical Outreach Trip start date. If Amazon Promise must cancel a Medical Outreach Trip, it will fully refund trip fees, or apply fees to another Medical Outreach Trip within the next year at the volunteer's discretion.
5. All volunteers who are accepted to a Medical Outreach Trip must register with the U.S. Embassy or other relevant embassy in Lima, Peru.

*It is strongly recommended that volunteers purchase trip cancellation insurance at the time they purchase their airline tickets.

By signing my name below, I _____ acknowledge and agree that I have read, understood, and agreed with the following conditions regarding my Medical Outreach Trip (“Trip”) provided by AMAZON PROMISE (“AP”), which is scheduled to take place on the following Trip Dates from _____ to _____ .

- 1 I acknowledge and agree that I have been asked to consult a qualified medical practitioner regarding my ability to undertake this Trip and I have no physical or psychological condition that would preclude my participation or pose an unreasonable risk to others or myself during my Trip. I further acknowledge and agree that I am following my medical practitioner’s advice about my possible need for vaccinations and/or medication before and during my Trip.
- 2 I acknowledge and agree that I have been told that my destination in the Amazon jungle is in a remote area far from modern health clinics or hospitals. If a physical or psychological condition should develop, a) AP is not responsible or liable for any delay or inadequacy in my receiving medical treatment, and b) I agree to reimburse AP for any costs incurred in connection with my evacuation and/or hospitalization.
- 3 I acknowledge and agree that I have been informed and I understand that there are certain obvious risks inherent in any trip to a South American city and the Amazon jungle (including the risk of personal injury and/or death) and I freely and voluntarily accept those risks. I understand AP can neither eliminate all such inherent risks nor guarantee a traveler’s personal safety. I also understand that AP nether implies that evacuation is available or possible in the event of hostile circumstances. In the event of an emergency evacuation, I agree to reimburse AP for any costs incurred with my evacuation.
- 4 In consideration for the services provided by AP in connection with the Trip, I, for myself and my executors, administrators, heirs, next of kin, successors, and assigns, hereby do and shall release, acquit, discharge, and forever indemnify and hold harmless AP, and each and every one of its directors, officers, employees, volunteers, owners, representatives and agents and their respective successors and assigns from and against any and all liability, loss, cost, damage, expense (including reasonable attorney’s fees) or other claim or action of any kind that may arise or occur on account of or in connection with the Trip, including without limitation any liability for death, disability, personal injury, property damage, property theft, any claims for negligent acts or omissions or any claims resulting from: acts of God; detentions; government restrictions; delays or cancellations beyond its control; strikes; thefts and other crimes; vehicular accidents; acts of war; civil disturbances; political unrest; sickness or infections; weather; personal mishaps such as slipping and falling; and encounters with hostile governments, individuals, wildlife, plants, and other jungle aspects.
- 5 I understand that any and all film images made during the Trip in which I appear may be used for publication and/or display to promote AP’s non-profit mission and that I will receive no financial compensation for the film image used.
- 6 If my financial pledge to AP has not been received in full, if my credit card is denied or my check is returned by my bank, I will be responsible for all pledge fees and costs required to fulfill my financial obligation to AP.
- 7 In the event of my serious personal injury or death during the Trip, I hereby authorize and direct AP to notify the following person(s):

Primary Emergency Contact

Secondary Emergency Contact

Name _____
Address _____
Phone _____
Email _____

Name _____
Address _____
Phone _____
Email _____

Date _____ Signature _____

Personal Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip/Postal _____

Phone numbers (H) _____ (W) _____ (C) _____

Email _____ Anticipated Trip Date: _____

Male _____ Female _____ Occupation _____

Passport # _____ Location issued _____

Date issued _____ Expiration date _____

Travel Information

Are you traveling with another person? No Yes, Name: _____

Vegetarian diet requested? _____

Single-room supplement for Iquitos hotel (additional \$35 per night).

Do you speak Spanish? none some conversational fluent

Insurance Information

Personal health insurance policy name and number _____

Does it cover international travel? yes no

I understand I must purchase my own medical/evacuation insurance and submit a copy to Amazon Promise 45 days before departure (Choose your own insurance or try United Healthcare Global Safe Trip <https://uhcsafetrip.com/>)

Emergency Contact Information

Name(s) _____ Relationship _____

Phone numbers (Home) _____ (Cell) _____

Medical Outreach Trip Pledge/Payment

A deposit of \$300 is due at the time of application. The trip balance is due no later than 45 days prior to departure date. I will pay my deposit via the following:

Enclosed is my deposit of \$300. I have paid my deposit via Paypal.

Please mail any payments (in U.S. Dollars) to:

AMAZON PROMISE, PO Box 1304, Newburyport, MA 01950 USA

Name _____

Medical Information

Please list any medications you will be taking:

Do you have any medication or environmental allergies?

Please describe any health conditions or physical limitations you have:

Immunizations

Malaria is endemic in the Amazon Basin region in which you will be working. Malaria prophylaxis is strongly recommended. It's very important that you consult with a qualified medical practitioner before undertaking an Amazon Promise Medical Outreach Trip. Be sure to review ALL recommended vaccinations and medications with your practitioner.

Immunization Confirmation:

| Amazon Promise | Vaccinations | | | | | | | | |
|-----------------------|--------------|---------|-------|-------------|-------------|----------------------|------------|---------|----------|
| | Yellow Fever | Typhoid | Polio | Hepatitis A | Hepatitis B | Diphtheria / Tetanus | Meningitis | Rabies* | Covid-19 |
| Yarapa/Pacaya Samiria | ● | ● | ● | ● | ● | ● | ● | ● | ▲ |
| Pastaza/Corrientes | ●▲ | ● | ● | ● | ●▲ | ● | ● | ● | ▲ |
| Iquitos | ● | ● | ● | ● | ● | ● | ● | ● | ▲ |

● Recommended
▲ Mandatory (MUST carry documentation to enter the Pastaza/Corrientes Region)
**Note: Rabies vaccination is recommended for people who intend to handle animals*

To help us maximize your experience, please answer the following questions:

What attracted you to this project?

It is not unusual for plans to change during the course of an Medical Outreach Trip. How flexible are you to changing circumstances and conditions? How do you cope with last-minute change in plans?

What travel experience have you had in third world, primitive wilderness conditions? (Including lack of toilet facilities, plentiful insects, close camping conditions with little privacy, very hot, humid, or torrential weather.)

Medical Outreach Trip teams rely strongly on interdependence, with each team member contributing a vital service to the expedition's function. This requires doing your job well and trusting others to do theirs. Do you work well in a team environment? How do you handle conflict?

For medical volunteers: Have you worked without access to lab and x-ray facilities? Have you worked with limited supplies? Have you had experience examining multiple family members at one time?

What do you expect from your Amazon Promise Medical Outreach Trip?

How did you hear about Amazon Promise?

- Friend or AP Alumni: _____ Search Engine: _____
 Volunteer Website: _____ Other: _____