

OPERATION BLESSING INTERNATIONAL

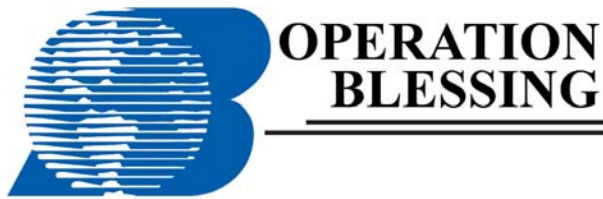
AND

INTERNATIONAL MEDICAL ALLIANCE

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Disaster Relief

# Health Registration Packet



Karen Ball  
977 Centerville Turnpike  
Virginia Beach, VA 23463

Dear Potential Health Volunteer,

Thank you for your sacrificial desire to serve as a health volunteer with Operation Blessing Disaster Relief located in the greater New Orleans. We are very excited about your plans to bring relief to this area. Doctors, dentists, nurses and assistants are greatly needed during these stages of relief.

Please review the enclosed information that will tell you a little about our site and how we can best work together. Please make sure you complete a registration form and the liability release form. We must receive these completed forms in advance of your arrival along with a copy of your health license (dental, medical, etc.) and picture ID. You can send them by mail to our medical volunteer coordinator:

Attn: Thomas Koehl  
Operation Blessing Disaster Relief Volunteers  
300 Kensington Blvd  
Slidell, LA 70458

By fax to: 1-866-883-3915  
Or by Email to: [thomas.koehl@gmail.com](mailto:thomas.koehl@gmail.com)

You will also find a list of what to bring, driving directions to the site and other information. If you have additional questions you may call me at 757-226-3858.

We look forward to meeting you, and thank you again for your willingness to serve those who are in desperate need of your help.

Blessings,

Karen Ball  
National Volunteer Manager

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“Operation Blessing has impacted our whole community, when most organizations have already left, this is when we need them the most.” –Marcell, Louisiana resident helped by OBI

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## **You are about to venture into a life changing adventure**

Do you remember Hurricane Katrina? There are still hundreds, even thousands who still cannot live in their homes and haven't received dental or medical care. They need our help more than ever. One weekend, one week of your time will change lives forever! In order to make a lasting impact we are grateful for your willingness to partner with us.

**“We will remain until the need no longer exists.”**  
- Bill Horan



## **You will be at the heart of the need...**

We are strategically serving individuals, and families in: St. Tammany Parish, Orleans Parish, St. Bernard Parish; and the Jefferson Parish. These people need a fresh start and some helping hands. Most are returning to their homes and trying to rebuild their lives and find that their doctors and dentists are no longer there. You will be helping people when their need is the greatest. Most of the local clinics have had to close their practice and still haven't reopened.

## **Staying at the Command Center:**



Accommodations at the Operation Blessing Command Center are among the best in the devastated areas. We provide dentists with a trailer room; power; AC/Heat; Hot & Cold Showers; 24/7 armed security and Meals (Breakfast, Dinner and MRE for lunch).

It's more than just a place for you to sleep. It is a place where you will be refreshed and renewed physically and spiritually for your next day of service.

## **We are here to serve!**

We have an excellent staff of trained project managers that are getting the clinics prepared and serviced. There will also be a dental assistant aiding dentists with their patients. We will do everything possible to make your service not only meaningful but enjoyable.

**THANKS FOR COMING ON BOARD!**

**Operation Blessing and International Medical Alliance**  
*Volunteer Health Care Professional Registration*

**General Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

**Emergency Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

"Are you covered by Health Insurance? \_\_\_ Name of Provider \_\_\_\_\_

Do you have or have you had any health problems, medical conditions, allergies or other physical or mental restrictions that would affect your participation in an Operation Blessing/IMA project? (please circle)

YES NO

If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Is your tetanus immunization up to date? YES NO

Have you had Hepatitis A and B immunizations? YES NO

Note: For trips within the US it is not necessary to have Hepatitis immunizations.

**Professional Information**

Professional specialty: \_\_\_\_\_

MD Specialty: \_\_\_\_\_ Nurse Specialty: \_\_\_\_\_  
Specialty State License # Exp. Date

\_\_\_\_\_

\_\_\_\_\_

Additional Qualifications: \_\_\_\_\_

Are you currently practicing: YES NO  
Mission/Volunteer experience: YES NO  
Foreign languages? YES NO \_\_\_\_\_  
Has your license ever been revoked: YES NO  
If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References (Please list two)**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Comments**

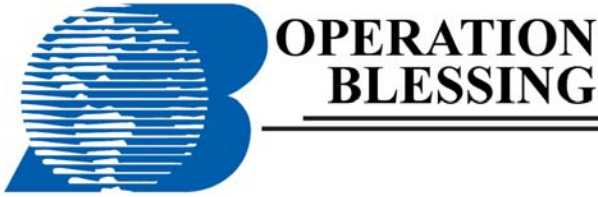
\_\_\_\_\_  
\_\_\_\_\_

I certify that all of the information included in this application is, to the best of my knowledge, true, accurate and complete, and acknowledge that, in accepting and approving my participation OBI and IMA are acting in reliance on this application and the corresponding release.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Logistic Information**

Date of arrival: \_\_\_\_\_ Time (ETA): \_\_\_\_\_  
Date of departure: \_\_\_\_\_ Time (ETA): \_\_\_\_\_  
Mode of transportation (van, bus, camper, etc.) \_\_\_\_\_



## MEDIA RELEASE

I hereby grant the following rights to Operation Blessing International Relief and Development Corporation and International Medical Association (IMA) and any of their affiliates, licensees, subsidiaries, or assigns (“OBI and IMA”) in consideration of their possible use of my visual depiction, oral statements or any other information and materials supplied by me (collectively the “material”).

I acknowledge that no promise or representation has been made to me that OBI or IMA shall be obligated to use the material in any way, and I acknowledge that OBI and IMA each shall have sole and absolute discretion and creative control in determining when or whether the material should be used in any manner.

OBI and IMA shall have equal ownership of the material; the right to broadcast, exhibit, distribute or display the material on broadcast or cable television, satellite transmission, films, photographs, videotapes, videocassettes, videodiscs, the print media, the Internet, radio format, record album audiocassette format, or by any other method or device now known or hereafter devised; the right to copyright the material; and the right to license others to use these rights.

OBI and IMA each may use my name, likeness, voice, biographical information and/or other material supplied by me for purposes of advertising, publicity and promotion, but not as a direct endorsement for any product or service.

I affirm that the use of my likeness, and/or material supplied by me as described above will not violate the rights of any person or organization and will not incur any liability for payment to any person. I further agree to hold each of OBI and IMA harmless from any and all liability that OBI and IMA jointly or severally may incur as a result of their use of the material as stated herein.

### ACCEPTED AND AGREED:

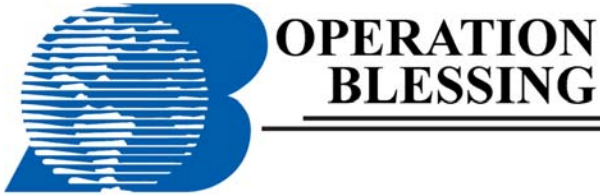
Signature \_\_\_\_\_  
Name \_\_\_\_\_

Date \_\_\_\_\_

### WITNESSED:

Signature \_\_\_\_\_  
Name/Title \_\_\_\_\_

Date \_\_\_\_\_



## VOLUNTEER ACKNOWLEDGEMENT, WAIVER AND RELEASE

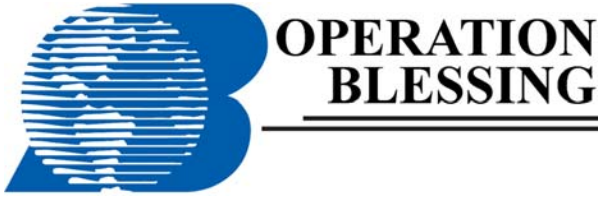
The undersigned (“Volunteer”) hereby acknowledges and agrees that Volunteer desires to volunteer his or her services for health care disaster relief services that Operation Blessing International Relief and Development Corporation, Virginia nonprofit corporation (“OBI”) and International Medical Alliance (“IMA”) a volunteer medical relief organization, are coordinating, and without expectation of pay or any benefit, and not as an employee of OBI, IMA or any of their respective subsidiaries or affiliates. Volunteer represents and covenants that he or she has no physical or mental condition that would impair his or her capability to participate fully in any such service, as intended or expected, and that he or she will abide by all safety instructions and information provided for any such service.

In so rendering any such service, Volunteer expressly acknowledges that the services are on a voluntary basis without any contemplation or expectation of compensation or benefits of any kind, that no compensation or benefits of any kind will be paid to Volunteer for such services, that there have been no promises of employment, oral or written, and that any company information of any kind or nature that Volunteer learns of or obtains during such services will not be disclosed to any other party or otherwise used by Volunteer, and will be treated confidentially.

Volunteer understands and accepts the risks inherent in volunteer medical missions in disaster areas within the United States, including but not limited to: transportation, infectious disease, civil unrest and crime.

In connection with the provision of such voluntary services, Volunteer, on behalf of self, and her or his spouse, family, estate, personal representatives, heirs, executors, administrators and assigns (i) hereby waives any and all claims, actions, causes of action, damages, remedies and any other rights (collectively called the “Claims”) that may arise from or relate in any way to the provision of such voluntary services, including without limitation Claims for illness, personal injury, death, property damage, compensation or wages, (ii) hereby releases OBI, IMA and their respective officers, directors, employees, contractors, volunteers, agents, representatives, subsidiaries, affiliates, successors and assigns, and the project sponsors, organizers and supervisors (collectively herein, the “OBI/IMA Group”), and (iii) hereby agrees to indemnify and hold harmless the OBI/IMA Group, and each of them, against and from any and all liability for such Claims, including without limitation all Claims based on negligence, product liability, labor laws, workers compensation or employers liability laws, and reasonable attorneys’ fees and costs.

Volunteer also specifically acknowledges that no insurance coverage or any other benefit or consideration of any kind is or shall be provided to me by OBI, IMA the OBI/IMA Group, or any of them, in connection with my volunteer service, nor has any representation of coverage or other benefit been made to me. Volunteer gives prior



consent to emergency medical treatment and evacuation, if necessary, by qualified medical personnel, due to limitations of standard medical care which may exist in the service community.

Volunteer also certifies he/she has completed an educational course on Blood-Borne Pathogens, and understands as well as will adhere to protocols to protect themselves and others from transmission of blood-borne diseases.

This VOLUNTEER ACKNOWLEDGEMENT, WAIVER AND RELEASE shall be governed in all respects by the laws of the Commonwealth of Virginia and the United States of America, notwithstanding the location of my services, and regardless of any principles of choice of law or conflict of laws. I also acknowledge and will abide by HIPPA guidelines regarding patient privacy and will uphold myself in a professional and upright manner.

In Witness Whereof, Volunteer freely and without duress, having fully read the foregoing, and understanding the contents thereof, hereby agrees to provide her or his services, voluntarily and without compensation, upon the terms and conditions stated above.

Signature: \_\_\_\_\_  
\_\_\_\_\_

WITNESS:

Name: \_\_\_\_\_  
\_\_\_\_\_

Name:

Address: \_\_\_\_\_  
\_\_\_\_\_

Address:

Date: \_\_\_\_\_  
\_\_\_\_\_

Date:



# OPERATION BLESSING

## Operation Blessing Disaster Relief

### *What to Bring*



#### Clothing

- Comfortable work clothes and shoes
  - Pants, slacks or scrubs for working in the medical clinic.
  - Wear comfortable, sturdy shoes. Open toe shoes are not appropriate for work.
- Clothes for after work
- Nightclothes.
- Shoes, flip-flops or slippers (footwear must be worn in all public areas for safety)

NOTE: Humidity is usually very high in this area, so hot feels hotter and cold feels colder. Summer months are extremely hot in this area (high 90's). Winter months can vary from cold (30's) to quite warm (high 70's), sometimes all in the same day. We recommend you check the weather forecast for the days you plan to be here, and pack accordingly. There is a small laundry facility on sight.

#### Bedding/Linens/Toiletry

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Hairbrush/comb          | <input type="checkbox"/> towel      | <input type="checkbox"/> shampoo                   |
| <input type="checkbox"/> washcloth(s)            | <input type="checkbox"/> soap       | <input type="checkbox"/> toothpaste and toothbrush |
| <input type="checkbox"/> deodorant               | <input type="checkbox"/> blow dryer | <input type="checkbox"/> feminine products         |
| <input type="checkbox"/> Razor and shaving cream |                                     |  |

Note: Individual beds with pillow and linens are provided.

#### Personal Items

- Books, magazines, board games, sport equipment
- DVDs- movies must be family-appropriate only.
- Insect Repellent (Only during spring and summer)
- Personal Medical equipment

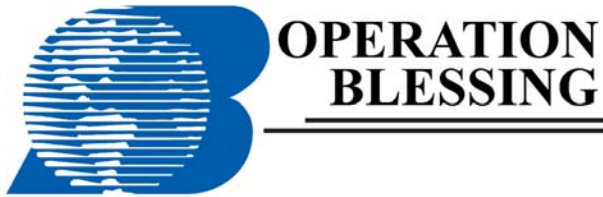
#### Note:

Electrical outlets are in short supply. For this reason, **do not bring:**

- Stereo system,  fans  TV's

Please keep your use of hair dryers and other personal care appliances to a minimum.





## Operation Blessing Disaster Relief

### *Typical Day*

#### Typical Day

The following is the schedule for a typical day:

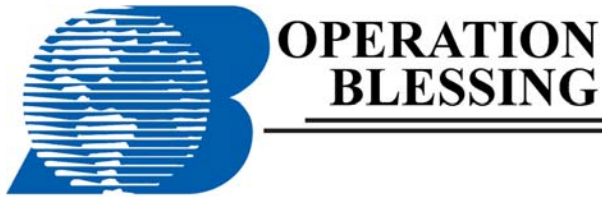
6:30	a.m.	Breakfast
8:00	a.m.	Leave for field clinics
12:00	p.m.	MRE Lunch
5:30	p.m.	Return "Home"
6:30	p.m.	Dinner

#### Transportation

Volunteers are responsible for transportation to New Orleans. Our field team can pick you up from the airport if you need. Please let us know a week in advance if you are in need of transportation.

#### Fun Day

There are great sites to see in New Orleans. Upon Medical professional's request a staff member often is able to take them around the area for sight seeing. Coordinate with Field Management when you arrive.



**Operation Blessing Disaster Relief**  
*Driving Directions*

Addresses

**Command Center**

310 Kensington Blvd  
Slidell, LA 70458

**Medical Clinic**

5501 Read Blvd  
New Orleans, La 70127

The site is located in a building that was once a large “Schwegmann” grocery store. “Schwegmann’s Blvd.” is referred to on “Mapquest.” It is the same as Kensington Boulevard.

From I-59 Westbound:

Take I-10 via Exit 1C on the LEFT toward New Orleans  
Take the US-190 exit- EXIT 266- toward SLIDELL  
Turn right onto US-190, Gause Boulevard.  
Turn right at the second traffic light onto Kensington Blvd.  
Large brick building on the right.

From I-55 Southbound:

Merge onto I-12 via EXIT 29A toward SLIDELL. Go 47 miles.  
Merge onto I-10 W via EXIT 85A toward NEW ORLEANS. Go 1.4 miles.  
Take the US-190 exit- EXIT 266- toward SLIDELL  
Turn right onto US-190, Gause Boulevard.  
Turn right at the second traffic light onto Kensington Blvd.  
Large brick building on the right.

From I-12 Eastbound:

Merge onto I-10 W via EXIT 85A toward NEW ORLEANS. Go 1.4 miles.  
Take the US-190 exit- EXIT 266- toward SLIDELL  
Turn left onto US-190, Gause Boulevard.  
Turn right at the third traffic light onto Kensington Blvd.  
Large brick building on the right.