JANUARY 4-20, 2024 LIBERIA SHORT TERM MEDICAL VOLUNTEER APPLICATION www.bridgesofhopewestafrica.com

Greetings! The purpose of this application packet is to provide information about what to expect, and to provide information so we can do our best to ensure your health, safety, and productivity while on site. Estimated costs payable to Bridges of Hope (tax-deductible) include airfare, basic medical travel insurance, in-country lodging, fuel (generator and ground transportation), three meals per day and laundry (provided by the local community). You are responsible for costs relative to required vaccinations, passport/VISA, regular travel insurance, and personal expenses (some food and souvenirs, etc.).

Dates: Leave the US on Thursday, January 4, arrive in Monrovia Friday, January 5; returning flight from Monrovia on Friday, January 19, arrive in the US Saturday, January 20.

Team Members: Application is open for all areas and levels of medical practice as well as evangelism/discipleship. The needs are great in Liberia, and anyone with a heart to go is welcome to come and exercise their gifts. We are also recruiting local community members to be available as medical and non-medical support staff, translators, etc. We want to come alongside them to help them serve their community and create self-sustainability over the long-term. We plan to take a medical team and also a surgical team, God willing.

Estimated Cost: \$1,200 per person for supply fee for trip, in-country fuel, food, lodging, laundry, travel medical insurance, plus air-fare (estimate \$1,500 - \$2,100 – depending on the airport you are flying from). Funds are payable to Bridges of Hope, and are tax-deductible. We do not have any fund-raising planned at this time, but you are welcome to raise your own support. Additional costs for vaccinations, passport, VISA, personal food and travel will likely be at least \$1,000, so please plan accordingly. **Application is due September 1, 2023** and trip fee is due no later than **September 15, 2023**.

Vaccinations: Routine adult vaccinations, plus typhoid (renew every two years) and yellow fever (good for life). A yellow fever vaccination card is required for admission into Liberia. Also ask your travel clinic for malaria prophylaxis, and consider a prescription for HIV post-exposure prophylaxis if the cost is not prohibitive. We recommend you pack mosquito spray (50% DEET). Mosquito nets are provided for sleeping. To review risk for non-vaccine preventable diseases, please view the CDC Liberia travel page, and discuss any questions with your travel medicine provider. https://wwwnc.cdc.gov/travel/destinations/clinician/none/liberia#vaccines-and-medicines COVID vaccination is not currently required for entry into Liberia or return to the U.S.

Language: English is the primary language but with a strong dialect; multiple tribal languages are also spoken. English spoken slowly by each party is best. Local community members can be recruited to assist in communication.

General Schedule:

- Fly out on a Thursday, arrive in Monrovia Friday evening. Ground transportation of the medical team to Bensonville (Bridges of Hope School, 2 hours drive from Monrovia). Clinic and pharmacy set-up on Saturday/Sunday. Surgical team transportation to Phebe Hospital, 1.5 hour drive; screen patients on Saturday and set up supplies Sunday for surgeries to begin Monday.
- Attend church and rest or enjoy the local community on Sunday.
- **Hope**: Provide services for students and their families first, then open services to the surrounding community. *Phebe*: Surgical cases pre-screened by local physicians, U.S. team does final screen to determine patient eligibility and caseload.
- Return to Monrovia Thursday or Friday (TBD); possibility for vacation day prior to boarding return flight Friday evening.

Weather: Dry season in the fall/winter but still rains; 95-100 degrees and 95% humidity. Liberia is ~500 miles north of the equator.

Luggage: Personal luggage limited to carry-on as we will need to take most of our supplies due to limited availability in-country. Please bring three pairs of scrubs for clinic duty, a set of church clothes, and a set of casual clothes. Dress is western, but modest please (no short skirts/shorts or spaghetti straps). For checked luggage containing our supplies, we suggest obtaining luggage from the thrift store, which we can leave in Liberia. Due to the number of bags we take with supplies, keeping track of one's personal luggage is very difficult. If you use check personal luggage that you would like to return to the U.S., please leave inside the luggage a label with your name and address and a statement to return to U.S. Each person will be in charge of two checked pieces of luggage.

Sleeping Accommodations:

Hope: There are now two guest homes, an older and a newer. We will likely accommodate the women in the newer guest house. There are six bunk beds available in the room with the AC unit, and another six bunk beds in three other rooms with fans. There is an AC unit in the common area that can help cool these bedrooms. There are two bathrooms available. In the older guest house there is one queen bed with AC; the other rooms have bunk beds with fans, and an AC unit in the common room. This house also has two bathrooms. Mosquito nets are provided for sleeping.

Phebe: Shared rooms in one large guest house, some AC and fans available, no running water. Generator available but schedule may be irregular. A small personal battery-operated fan may be helpful.

Personal Hygiene:

Hope: Cold water showers available. We are currently working on supplying the guest homes with an electric kettle to help warm bath water. Community helpers can wash your laundry (by hand).

Phebe: No running water but (cold) water available for bucket bath. We are currently working on supplying the guest homes with an electric kettle to help warm bath water. Community helpers can wash your laundry (by hand).

Electricity: Limited to generator 12 hours overnight for AC/fans. Please bring an outlet adaptor to charge your phone.

Communication with home: Limited cell service; available in Monrovia. Use of WhatsApp messaging service among team members and family at home is recommended. Liberia is six hours ahead of MST. Please discuss international service availability with your cell phone carrier.

Drinking Water: Bottled water is purchased for the team; there are also Sawyer filters on site. Team should only consume bottled or filtered water (including teeth brushing).

Meals: Three meals per day covered in trip expenses, paid to Bridges of Hope, which will employ the local community to prepare. Breakfast is often oatmeal, eggs, or spaghetti with plantain and inseason fruit; hot water is available for instant coffee or tea. Lunch is prepared (saucy meat over rice), with leftovers for supper.

Personal Medications: Please bring all personal and OTC medications needed in your carry-on luggage; we suggest bringing more than just a two-weeks supply.

Gifts: Our helpers will be compensated; no cash gifts please. You are welcome to leave behind clothes and other items, but please discuss with your team leader. We strongly discourage giving out your personal phone number or mailing address.

Please review the following Bridges of Hope Mission and Vision Statement, then see application on page 7, followed by Release of Liability.

Bridges of Hope Mission and Vision Statement

Bridges of Hope exists to spread the gospel of Jesus Christ and to disciple Liberians to worship and glorify God by empowering them to live Christ-centered lives and provide for themselves a reasonable living. We will do this through a Bible-teaching church, quality education, quality healthcare, entrepreneurship and agriculture; so that they will have a biblical worldview evidenced by a lifestyle of character, leadership, stewardship, service, and joyful worship.

Core Values

Leadership

- Integrity But select capable men from all the people—men who fear God, trustworthy men who hate dishonest gain —and appoint them as officials over thousands, hundreds, fifties and tens. Exodus 18:21
- **Service** But among you it will be different. Whoever wants to be a leader among you must be your servant. Matthew 20:26

Discipline

- **Responsibility** Each one should test their own actions. Then they can take pride in themselves alone, without comparing themselves to someone else, for each one should carry their own load. Galatians 6:4-5
- **Respect** Now we ask you, brothers and sisters, to acknowledge those who work hard among you, who care for you in the Lord and who admonish you. Hold them in the highest regard in love because of their work. Live in peace with each other. I Thessalonians 5:12-13

Faith

- **Courage** Be strong and of good courage, do not fear nor be afraid of them; for the LORD your God, He is the One who goes with you. He will not leave you nor forsake you. Deuteronomy 31:6
- **Hope** but those who hope in the LORD will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint. Isaiah 40:31

Statement of Faith

The Bible

We believe the Bible, consisting of the sixty-six (66) books of the Old and New Testaments, is verbally inspired by God, written by human authors who were inspired by the Holy Spirit, is without error in the original manuscripts, and is the infallible and authoritative Word of God.

God

We believe there is only one living and true God who eternally exists in three persons: Father, Son and Holy Spirit, the same in essence, equal in power and glory, without division.

God the Father

We believe God the Father loves the world, gave Christ to be its Savior and is the Father of all who believe in Jesus Christ as their personal Savior.

God the Son (Jesus Christ)

We believe Jesus Christ is God incarnate, was conceived through the Holy Spirit, and born of the Virgin Mary. He is truly God and truly man. He lived a sinless life, was crucified under Pontius Pilate, arose bodily from the dead, ascended into heaven and sits at the right hand of God the Father as our High Priest and Advocate.

God the Holy Spirit

We believe the Holy Spirit is a person. He convicts the world of sin, righteousness and judgment. He is the divine agent of regeneration and applies salvation to all God's people. He indwells all genuine believers and baptizes them into the body of Christ.

The Human Condition

We believe that all people are born with a sinful nature, corrupt in every aspect of their being, sinful in thought, word and deed, and absolutely, irrevocably condemned to death. Only through God's saving work in Jesus Christ can we be rescued, reconciled and renewed.

The Christian Life

We believe as followers of Christ we are called to follow the two greatest commandments; to love the Lord your God with all your heart, soul, mind and strength, and love your neighbor as yourself.

Marriage and Sexuality

We submit to the Bible's authority as the Word of God as it speaks to human relationships, reserving human sexuality to be practiced only within the sanctity of marriage between one man and one woman, as God's perfect design, for our highest good.

Satan

We believe in the existence of Satan who as a created fallen angel became the author of sin.

The Church and Its Ordinances

We believe the Lord Jesus is the head of the church. The church is the body of Jesus Christ and is a divinely established instrument for the worship of God, the growth of believers and evangelism of the lost. There are two ordinances in the church, baptism and the Lord's Supper, which are divinely enjoined upon all believers. They are without saving merit in themselves, but they provide an expression of faith regarding the believer's identification and fellowship with Christ.

The Mission of the Church

It is the mandate of all believers to make disciples of all nations. In response to Jesus' last command to His disciples, it is therefore a necessity, a responsibility and a desired privilege of all those who have received new life in Christ to take this message of reconciliation to all nations.

The Message of Salvation

We believe salvation is not by works, but by God's free and special grace alone, through faith alone, in Christ alone, our representative and substitute.

The Return of Christ, Resurrection, and Judgment

Jesus Christ will return personally and visibly in glory to the earth at His appointed time (known only to God) and manner. The dead in Christ will be raised, and Christ will judge all people in righteousness.

MEDICAL VOLUNTEER APPLICATION

SECTION I. PERSONAL INFORMATION

Name:	
Address:	
Phone Number: Birth date: Marital Status:	
Email:	
Passport # (required for travel medical insurance): T-shirt size:	
Medical Background (please include copy of license):	
Last typhoid vaccination (required):	
Last yellow fever vaccination (required):	
*You may email these records to trip coordinator once obtained, no later than Dec 1, 2024	
SECTION II. REFERENCES	
Personal Reference:	
Name:	
Relationship:	_
Phone Number:	_
Email:	
Professional Reference:	
Name:	_
Position:	_
Employer:	_
Phone Number:	_
Email:	_
Home Church:	

Bridges of Hope West Africa Ministry Disclosure:

Please review the Bridges of Hope West Africa Mission and Faith Statements. We do not require a profession of Christian faith for volunteers, but we do please request that team members respect our organization's Christian worldview, practice, and ministry. Feel free to reach out anytime with questions.

I certify that I am in good physical cond Statement of Faith of Bridges of Hope \	lition, and can support (not oppose) the Mission, Vision, and West Africa:
Signature:	Date:
Diagram and the description Del	

Please scan completed application, Release of Liability, license, and proof of typhoid and yellow fever vaccinations to Melissa Stahlecker, <u>beekind75@protonmail.com</u>, who is also happy to answer any questions you may have.

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, agree to all of the terms and conditions of this Release of Claims and Waiver of Liability (referred to below as "Release"). This Release is executed in favor of the following organizations and persons: Bridges of Hope, Inc., a South Dakota non-profit organization, P.O. Box 8265, Rapid City, SD 57709, Hope International Ministry, a Liberian Organization, (individually and collectively the "Sponsors") and their respective board members, directors, agents, assigns, affiliates, volunteers, and employees.

Mission Program: Sponsors are providing an opportunity for volunteers to participate in Christian missionary and healthcare services in the Republic of Liberia located in the Continent of Africa ("Mission Program"). I understand that I will be participating in the Mission Program as a volunteer and not as an employee.

Hazards and Risks: I acknowledge and understand there are inherent risks and dangers associated with any type of international travel and that: 1) the U.S. Department of State publishes alerts and warnings related to international travel on its website at:

http://travel.state.gov?content/passport/en/alertwarnings.html , 2) the Centers for Disease Control Information publishes health information and travel recommendations on its website at: http://www.cdc.gov/travel/. I assume responsibility for reviewing the contents of these websites and keeping current with any changes that may be posted.

I understand that COVID 19 pandemic safety guidelines provide that in the event I receive notice of a positive COVID test prior to departing Liberia, I will be required to remain quarantined in Liberia for ten days prior to departure.

Assumption of Risk: I further understand that any travel, volunteer work, or other activities I undertake in connection with and while participating in the Mission Program involves inherent danger to my health, life and property from conditions which are beyond the control of Sponsors, but not limited to, exposure to disease organisms, environmental hazards, crime, accidents, negligence, and political instability. I hereby expressly assume all the risks, both known and unknown, arising from these conditions.

Release and Waiver: In consideration for being permitted to participate in the Mission Program, I hereby release and forever discharge Sponsors and their directors, agents, assigns, affiliates, volunteers, and employees ("Released Parties") from any and all claims, liabilities, injuries, losses, damages or costs of any kind or of any nature that arise from, are caused by or are in any way related to my activities in connection with or while participating in the Mission Program. I freely and voluntarily acknowledge and agree that this Waiver and Release of Liability discharges the Released Parties from any liability or claim that I may have, or come to have, against any or all of the Released Parties with respect to bodily injury, personal injury or property damage that may result from or relate to my activities in connection with or while participating the Mission Program. I also understand that the Released Parties will not assume any responsibility for, or pay for, or provide for any medical treatment or care, whether short term or long term, I may require as a result of injuries sustained, or illnesses contracted, during or as a result of my activities in connection with or while participating in the Mission Program.

No Insurance: I understand that the Sponsors do not assume any responsibility or obligation to provide financial or other assistance to me if I am injured while servings as a volunteer. The Sponsors have no obligation to provide medical or health insurance, disability insurance, workers compensation coverage, or any other insurance to provide benefits or coverage to me if I suffer an injury, illness, medical evacuation, death, or property damage while serving as a volunteer. I affirm that I have insurance sufficient to cover any injury or damage I may suffer or cause in connection with or while participating in the Mission Program.

Medical Treatment: In an emergency, I give permission to a Mission Project volunteer licensed physician to request and authorize medical and/or hospital treatment for my benefit in the event of an injury or sickness sustained by me while participating in the Mission Program. I understand that every reasonable effort will be made to contact my emergency contact before such actions are taken. I hereby release and forever discharge the Released Parties from any claim which arises or may arise on account of first aid, treatment or any service rendered to me in connection with my activities in the Mission Program.

Photographic Release: I hereby knowingly and willingly consent to the unrestricted free use in any form of any photographs, interviews, films, videotapes or other visual or auditory recordings, in any medium, including the internet, of me that the Released Parties or others may create in connection with my participation in the Mission Program. I waive any right I may have or come to have to inspect or approve the finished project. I also acknowledge and agree that I am not entitled to any compensation for creation or use of the finished project.

Severability: If any provision of this Waiver and Release of Liability is held to be invalid, illegal or unenforceable in any respect then such provision shall be declared null and void and the remainder of the provisions of the Waiver and Release of Liability shall remain in full force and respect.

Governing Law: This Waiver and Release of Liability shall be construed in accordance with the laws of the State of South Dakota. In addition, the rights and obligations of the Parties under the terms of this Waiver and Release of Liability shall be determined in accordance with the laws of the State of South Dakota.

I desire to volunteer to participate in the Mission Program as a matter of personal growth and Christian service. In order to induce the Sponsors to permit me to participate in the Mission Program, and in consideration of the opportunity provided by the Sponsors for me to participate in the Mission Program, I have read, understand, and agree to be fully bound by the terms of this Waiver and Release.

Signature (Volunteer)	Print Name	Date	

VOLUNTEER INFORMATION

VOLUNTEER:					
Address:					
Email:					
Parent/Guardia	n/Spouse Emai	l:			
Address:					
street		city		state/zip code	
Phone:					
EMERGENCY CO	ONTACT:				
Name:					
Address:					
street		city		state/zip code	
Phone:					
home			alterna	te	
Name of Family Physician:					
Physician Phone Number:					
name of compa	ny				
INSURANCE IN I					
first and last na	me of primary	insured			
address of prim	ary insured				
Is coverage for a	a dependent?	Circle:	Yes	No	
INS. CO. ADDRE	SS:				
Street	city		state/z	ip code	
INS. CO. PHONE	i:				
POLICY NUMBE	R:				