

**APPLICATION FOR HACKETT HEMWALL FOUNDATION PROLO TRIP 2010
HONDURAS March 5-19, 2010**

The Hackett Hemwall Foundation is a non-profit foundation dedicated to providing medical care and assistance to people in medically under-served areas. We are fortunate to have many skilled and caring people volunteer to join our projects. Unfortunately, we are sometimes unable to accommodate everyone who would like to participate. We appreciate your providing information which will help us in our selection process and in planning our work each year.

Points to keep in mind as you volunteer for our projects: The volunteer is responsible for cost of travel to and from San Pedro Sula, Honduras and for the fee set by the HHF. The fee covers room & board in Honduras, transportation with the group in Honduras, education/training, and medical supplies used in Honduras. The HHF will provide transportation in Honduras according to the group schedule. There are dangers and risks associated with being a volunteer in a foreign country that are the volunteer's responsibility. The volunteer is responsible for providing their own health insurance coverage while on the trip, including medical evacuation insurance. If you have questions on these points or other questions, contact Mary Doherty - mdoherty@wisc.edu or 608-712-5518.

Please complete the following Application Form. Information will be used to help with our planning for upcoming trips. Please *legibly* PRINT all information!

Name: _____ DOB _____

Address: _____
City/State/Country _____

Phone numbers: Home _____ Cell _____ Work _____

Email address: _____

Emergency Contact - Name _____ Relationship _____
Phone numbers _____ email _____

Medical conditions you have that may affect travel/work in an underdeveloped country: _____

PHYSICIANS (DOs & MDs)

Medical school _____ Copy of diploma required for Honduras.

Current Medical License - issued where? _____ Copy of license required.

Specialty/Type of practice: _____

Contact person at your office - Name _____ Phone _____

Prolotherapy experience/ability: _____

Skill level in prolotherapy: ___ Novice ___ Intermediate ___ Expert

Previous prolo courses you have attended/year? _____

How did you learn of the HHF trip? Do you know any past participants? _____

ALL OTHER PARTICIPANTS

RNs/LPNs: A copy of your license is required - please attach.

Previous experience working in underdeveloped countries: _____

Other experiences that you've had that will contribute to your work with the HHF: _____

Current or past education/work experience that is pertinent to the HHF medical trips: _____

How did you learn of the HHF trip? Do you know any past participants? _____

First-time participating physicians are required to attend the entire 2 week session. Returning physicians are encouraged to attend both weeks of the session but may opt to just attend one week. All other participants (non-physicians) may elect to attend one or both weeks. Please indicate which week you would prefer: March 5-13____ or March 14-19____ Both weeks_____

Copies of medical school diploma is required the first time you participate in this trip. Copy of your medical license is required EVERY year that you participate! (current in March 2010)

Return the completed form and copies of required documents to:

Mary Doherty
2532 Balden Street
Madison, WI 53713

Fax: 608-256-1893

Email: mdoherty@wisc.edu