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NORTHEAST VOSH 2024 PANAMA MISSION APPLICATION FORM

Each applicant must fill out a form even if from the same family.

Name: _____ # Previous missions: _____

Home Address:

_____ Tel. #: _____

_____ Email: _____

Please briefly state what activities (i.e. wine tasting, golf tournament, eyeglass library, other fund raiser) you have participated in to help the organization:

Roommate or Single Room Request: _____

Emergency
Contact Name: _____

Emergency
Contact #: _____

REQUIRED DOCUMENTATION

Along with this form, applicants must also submit the following documents:

- A COLOR COPY OF YOUR CURRENT PASSPORT (**MUST BE VALID FOR AT LEAST 6-MONTHS AFTER YOUR LAST DAY IN PANAMA**)
- A BRIEF RESUME
- FOR HEALTH CARE PROFESSIONALS:
 - COPY OF YOUR UNEXPIRED PROFESSIONAL LICENSE NOTARIZED
 - COPY OF YOUR PROFESSIONAL DEGREE NOTARIZED
 - COPY OF YOUR BOARD CERTIFICATION (if applicable)
- FOR HEALTH PROFESSIONAL STUDENTS:
 - LETTER FROM YOUR UNIVERSITY ATTESTING TO YOUR MATRICULATION AND GOOD STANDING
- SINGLE CHECK PAYABLE TO "NEVOSH" FOR:
 - \$250 MISSION FEE DEPOSIT (APPLIED TOWARDS ROOMS AND TRANSPORTATION)
 - + \$60 APPLICATION FEE (Students are EXEMPT)

(Note: fees will be refunded only for those that do not get accepted for the mission)

LEGAL RELEASE

I hereby release Northeast VOSH, Inc., its mission leaders, Board of Trustees, officers, agents, representatives and other designated personnel from any and all liability and responsibility whatsoever arising from or relating in any way to any accident, injury, sickness or death to me or any member of my family, and/or any loss, cost or expense including but not limited to any loss or damage to material items occurring en route to or from or during, or as a result of the mission in January 2024 to Panama.

I further authorize Northeast VOSH Inc. and its designees to release any pictures or stories about my participation in the mission to any news, radio, TV, or other media.

I further understand that my filling out and returning this application does not guarantee acceptance of this application. That such acceptance is dependent on the decision of the mission leaders.

I further understand that should it be necessary for me to cancel out of the mission or if Northeast VOSH determines that the mission should be cancelled for any reason, refund of airfare will be strictly between the travel agent or air carrier and myself and that Northeast VOSH and its mission leaders, Board members, officers, agents, representatives or other designated personnel will not be responsible for the return of said monies or any other loss or costs resulting from such cancellation. I understand that if this application is rejected, the application fee will be returned.

I further understand that the Zika virus, Covid-19 and its variants, and other health risks are present in Panama. I understand and accept such risks and hereby release Northeast VOSH, Inc. to the fullest extent as set forth above. I understand and accept that anyone going on this mission should assume that exposure to such health risks is possible and that I should not attend if I am pregnant or have other conditions that may be affected by exposure to health risks.

[] I have read and agree with the items herein set forward. Please execute and forward to:

Susan Seidler, RNP
730 West Reach Dr.
Jamestown, RI 02835

(please do NOT send as registered mail)

Note: Due to the large number of applicants in recent years, participation in previous missions is no guarantee of acceptance.

Signature _____ Date _____

Full Name _____ Passport # _____
(as it appears on your passport)

[] I regret not being able to make this mission but would like to contribute \$25 to support NEVOSH and its efforts.