



HELP



GROW



HEAL



LIFE

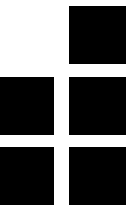


PROVIDING INTERNATIONAL HEALTH RELIEF



New Orleans Medical Mission Services, Inc.
4228 Houma Blvd, Suite 340 · Metairie, LA 70006
T 504- F 504-
www.medicalmissionservices.com

OFFICIAL NOMMS HANDBOOK



EXPENSE GUIDELINES

1. NOMMS is responsible for air travel, ground transportation, housing and meals.
2. Participants are responsible for telephone calls, hotel services, all personal expenditures and alcoholic beverage.
3. For arrival and departure, in the destination city, transportation to and from the hotel will be provided. During the mission transportation between the lodging facility and the hospital/clinic will be provided.
4. All other transportation of a personal nature will be at the participant's expense.

TRAVEL GUIDELINES

1. Once in the destination city, always stay with the mission group. Do not venture on your own or in small groups. Examples include shopping trips, sightseeing, nightclubbing etc. If you are invited by a representative of our host Foundation, you must notify the Logistics Coordinator. It is essential that the mission leadership know the location of each participant and have the means to communicate at all times while in the foreign country.
2. Accommodations are at a minimum double occupancy.
3. Air transportation is coach class.
4. Do not travel with jewelry. This includes expensive watches. It is suggested that an inexpensive watch be used during the mission.
5. Medical scrubs are the required dress for all participants while working at the hospital or clinic. Participants are required to supply their own scrubs.
6. Depending on the location and the time of year, weather conditions will vary. Participants will be informed of appropriate dress for a specific mission.
7. It is suggested that participants bring a reasonable amount of cash while relying on either traveler's checks or credit cards for most purchases.
8. There will be no opposite sex rooming unless couples are married. Should it be known by the mission team leaders that this policy is being violated, the participants will be asked to leave the mission immediately and will be officially excluded from any further mission activities of the mission group.
9. All mission members are expected to be on time for all scheduled activities. The mission leaders will strictly adhere to the communicated schedule in respect for the entire team.
10. All mission team members are viewed as "ambassadors" of NOMMS from the time of departure from the homeport until return. Your behavior on-duty and off-duty, inside and outside the hotel, will reflect directly upon NOMMS. Typically, many residents of the host community will be aware of our team's presence due to advance publicity. Public behavior that is offensive or unprofessional by local customs or standards cannot be tolerated. Accordingly, NOMMS reserves the right, at the sole discretion of the Mission Director, to exclude participant from all remaining mission activities while on the mission.

ABOUT US

One of the functions of **New Orleans Medical Mission Services (NOMMS)** is to travel to foreign countries with a team of medical and support personnel to perform medical interventions to benefit those people who are unable to obtain health care. NOMMS performs no unnecessary or cosmetic procedures. Our ministry is one of healing the sick and doing so with care and compassion. Although the Foundation has no direct religious affiliation, we function with the Catholic/Christian ethics of observing the rights of every person and respect for the preservation of all human life. We minister to all people of all religions, races and denominations.

Before a foreign mission is approved by the Directors of NOMMS, a partnership with an enabling organization in the host country is firmly established. Criteria for approval as a partner is as follow:

1. There can be no charges to patients for services and materials used to provide medical treatment
2. Safety and security measures must be in place during the entire mission for all participants including working conditions, transportation and housing
3. The mission partner must provide assurance that both the mission team and the medical materials sent in advance and carried with the team will be acknowledged and approved by all regulatory agencies within the country and the work location
4. All medical treatment to be provided during the mission will be reviewed and approved in advance by the physicians of the host partner and NOMMS physicians.

MISSION PREPARATION

Once the medical treatment and surgical schedule is established and approved, the medical and support team will be selected to match the needs of the mission. This generally occurs 4-6 months in advance of the mission. It is the policy of NOMMS to require all mission participants to volunteer a minimum of 20 hours preparing the mission materials. The warehouse and office will be open the second and fourth Saturday of each month from 9:00 A.M. to 1:00 P.M. with assigned supervision to accommodate a flexible work schedule. A log sheet is available in the office to record your volunteer hours.

While the mission team is being formed, the Medical Material Solicitation Committee obtains the required instruments, equipment and supplies for the mission. The Medical Material Preparation Committee sorts, cleans, and repacks all materials for the mission. Members of the Mission Team will work closely with this committee to insure the supplies, equipment and instruments are either sent in advance of the mission or carried with the Mission Team. Approximately 2 months in advance of the mission, all materials that can be packed and shipped by sea container are sent to the mission partner. Since some instruments and equipment are loaned to NOMMS for the actual mission trip, these items will be special packed and hand carried by the Mission Team.

MISSION ORGANIZATION

Much planning precedes all mission trips. However, from time to time unplanned things will occur and problems may arise. To minimize the negative impact of such situations, contact the mission Coordinators for assistance during the mission trip. Either verbal or written communication will occur, as needed, to inform you of changes to the plans. The contacts and areas of responsibility are as follows:

LEAD PHYSICIAN:

Physician liaison

Medical liaison to the Host organization and local Hospital Director

Medical decisions

LEAD NURSE:

Nursing liaison

Medical supplies, instruments and equipment

Mission team assignments

LOGISTICS COORDINATOR:

Transportation

Hotel

Meals

Expenses

All non-medical decisions

Security

In advance of the mission the duties and responsibilities for each functional aspect of the mission will be assigned to various Lead individuals and the entire mission team.

RESPONSIBILITIES OF NOMMS

1. Provide all medical supplies, equipment and instruments for the mission.
2. Provide transportation to and from the destination city.
3. Provide all ground transportation from the port of entry to the living quarters, the living quarters to/from the hospital/clinic during the mission and from the living quarters to the port of departure.
4. Provide meals (excluding alcoholic beverages) during the mission.
5. Provide an itinerary for the mission and appropriate emergency contact information.
6. NOMMS will have available a small amount and selection of emergency medication during the mission trip.

RESPONSIBILITIES OF MISSION PARTICIPANTS

1. Complete the Application for the Mission including the following documents prior to departure:
 - a. Provide 2 copies of a valid Passport to the Mission Director.
 - b. For all medical participants, provide 2 copies of all medical certifications.
 - c. A donation payable to New Orleans Medical Mission Services. Physicians are suggested to make a donation of \$1,000.00. All other mission participants are suggested to donate \$500.00.
2. The application will be reviewed by the Mission Staffing Committee to determine the staffing requirements for the mission. If the skills of the mission applicant are required to staff the specific mission needs, the application will be approved and a notice will be sent to the volunteer. If the skills of the volunteer are not needed for the mission, a notice will be sent with a refund of the donation made by the volunteer.
3. Complete a minimum of 20 hours of volunteer mission preparation work.
4. NOMMS uses the CDC advisories and the U.S. State Department for health and travel directives. NOMMS will provide information on the specific mission destination prior to the trip. Participants are responsible for obtaining their own inoculations.
5. All traveling mission participants must sign and have notarized the "Waiver of Liability" form provided by NOMMS. This must be completed prior to departure.
6. The name on the participant's passport must be used on this form. The airline ticket will be issued in accordance with the passport.
7. Due to the need of NOMMS to hand carry many supplies on the mission; each participant is limited to 1 checked bag, not to exceed 50 pounds. At the airport, each participant will be given a footlocker containing medical supplies to check as their second bag. Each participant is responsible for the claim check and footlocker until it is in full possession of the Mission Director at the destination port.
8. The same procedure will be used to return the footlockers to the homeport. The exception being that participants are asked to claim the footlocker in U.S. Customs and report to the Mission Director in the Customs claim area. It is critical that all participants move as a group through the Customs inspection.
9. Once in New Orleans the participants are asked to claim the footlocker and bring it to the NOMMS warehouse as soon as realistically possible.
10. Once airline tickets are issued, if the mission participant cancels attendance, the cost of the ticket less their donation will be the responsibility of the participant and NOMMS will invoice for the amount due.



PLEASE COMPLETE APPLICATION AND RETURN TO:

New Orleans Medical Mission Services, Inc.
P.O. Box 6249, New Orleans, LA 70174
T 504-392-1934 | F 504-368-2011
www.medicalmissionservices.com



NOMMS
OFFICIAL MISSION APPLICATION FORM

PLEASE REMOVE THIS SHEET OF PAPER

NOMMS OFFICIAL MISSION APPLICATION FORM

YES, MY CHECK IS ENCLOSED _____ in the amount of \$ _____.
I UNDERSTAND THAT IF I DO NOT ATTEND THE MISSION TRIP, MY MONEY WILL THEN BE RETURNED, _____ SIGNATURE

Mr., Mrs., Ms., Dr. _____
[please circle one] First Name _____ Last Name _____

Jr., III, Sr., PhD, MS, JD, Esq. _____
[please circle one] Passport # _____ Spouse's Name _____

Emergency Contact _____ Relationship _____ Emergency Phone _____

HOME INFO: Home Address _____ Home City _____

Home State _____ Zip Code _____ Country _____

WORK INFO: Work Address _____ Work City _____

Work State _____ Zip Code _____ Country _____

CONTACT INFO: Email _____ Fax _____

Home Phone _____ Work Phone _____ Cell Phone _____

I AM INTERESTED IN [check all that apply]:
_____ Joining the Medical Mission Team on a mission outside of the United States of America
Certification: _____

Specialty/Expertise: _____

Mission: _____
[please state which mission you are applying for, eg: Nicaragua 2007]

_____ Assisting with the Fund Raising Team

Gala Activities:

- _____ Invitation
- _____ Food Donations
- _____ Beverage Donations
- _____ Auction Donations
- _____ Decorations
- _____ Auction Processing and Checkout
- _____ Other...

Other Fundraising:

- _____ Event Speaker
- _____ Event Booth
- _____ Mailings
- _____ Public Relations
- _____ Golf Tournament
- _____ Other...

_____ Assisting with the Administration Support Team - Admin and Computer Support

_____ Assisting with the Material Preparation Team - Sort, Pack, and Inventory Medical Supplies

_____ Assisting with the Material Solicitation Team - Material, Instruments, Supplies

_____ Assisting with the Technology - Internet Support

_____ Assisting with the Technology - Mission Field Support

_____ Assisting with the Technology - Warehouse Automation

I HEREBY VERIFY THAT ALL INFORMATION IN THIS APPLICATION FORM IS CORRECT.

I UNDERSTAND THAT MY ENCLOSED PAYMENT IS A DEPOSIT ONLY AND WILL BE RETURNED IF I DO NOT JOIN THE DESIRED MISSION TRIP.

SIGNATURE _____

DATE _____