



# GBAKOR IKWERRE USA, INC.

**P. O. BOX 861444, Los Angeles, California, 90086-1444**

(Offices: Atlanta, Boston, Dallas, Detroit, Hawaiian Garden, Houston, Los Angeles,  
New York, Oklahoma, Washington D.C and Port Harcourt, Nigeria)

*A National Organization of Ikwerre People in the United States of America, and Canada*

## OIUSA 2021 MEDICAL MISSION VOLUNTEER APPLICATION FORM

Name \_\_\_\_\_ Date: (MM/DD/YYYY) \_\_\_\_\_

DOB (M/D/Y)/Age \_\_\_\_\_ (Optional)

Home/Contact Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

Next of Kin/Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Area of Specialty \_\_\_\_\_

License Number \_\_\_\_\_ License Expiration Date \_\_\_\_\_

Desired Volunteer Position \_\_\_\_\_ Medical/Non-Medical: M /N-Med (Circle one)

Previous Volunteer Experience: Y/N

Type of Volunteer/Contact Information \_\_\_\_\_

### DISCLAIMER.

*I acknowledge the contagious nature of the Coronavirus ("COVID-19"). I further acknowledge that OIUSA cannot prevent nor guarantee that I will not become exposed to and/or infected with the Coronavirus/Covid-19 during the course of my volunteering. I understand that there exists significant risk of becoming exposed to and/or infected by COVID-19 as a result of being a volunteer worker on this medical mission. I have read and understood the above warning concerning COVID-19, but choose to be a volunteer on this medical mission regardless. I hereby choose to accept the risk of contracting COVID-19. I hereby forever release and waive any right that I, my family, estate, agents, representatives, affiliates, may have to seek damages against OIUSA, its officers, agents, affiliates, assigns or representatives if I contract and/or become deceased due to Covid-19 in the course of volunteering on this mission, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.*

Accept/Sign: \_\_\_\_\_

**\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\***

Approved: Y/N

Approving Officer \_\_\_\_\_ Title: \_\_\_\_\_

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