

OPERATION HEALING AND RESTORATION - REMOTE AREA MEDICAL

HOW TO REGISTER TO VOLUNTEER

Volunteer Registration is open for the Lake Charles event! Follow the instructions below to register.



- Visit <http://volunteer.ramusa.org>

- Please complete the contact information in the first section, including creating a user account.

- In the Demographic and Background section, Choose your T-shirt size

T-Shirt Size

SELECT ONE

SELECT ONE

Small

Medium

Large

XL

2XL

3XL

- If you speak any language fluently other than English, please select any other language that you speak in this section. You can select multiple languages by holding down the Control (Ctrl) key and clicking each of the languages.

Language Fluency (other than English)
Select all that apply

* SELECT LANGUAGE *

American Sign Language

Amharic

Arabic

Arabic - Egyptian

Arabic - Levantine

Arabic - Maghrebi

- Complete the Other Information section including your company/organization.

- List an Emergency Contact.

- In the Profession or Volunteer Classification:
Choose your Event Area, Dental, General Support, Resource, Vision, or Medical. Then you will select a Profession/Classification. Some Professions/Classifications require you to enter your license credentials.
***A full list of Professions/Classifications can be found on the next page.

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Remote Area Medical Volunteer Registration

Thank you for your interest in volunteering with RAM! This is a new registration system as of 2016, and you must create a volunteer account prior to that, please go ahead and make a new account. This site serves 1) to sign up new volunteers and 2) to allow registered volunteers to sign up for more clinics or change their assignments. Your information will not be saved until you go to the very end of the page and click SAVE AND SUBMIT. If you plan to have changed, please use the RECALL MY INFORMATION button to pull up your assignments, and cancel yourself promptly.

Recall My Information If you previously registered on this website, we will recall your information. (Remember, your information page over for a while. Please make sure that you have the correct information.)

Contact Information

Abbreviated Title: M.D. Example: Mr., Ms., Dr., Mrs.

First Name: JOHN

Last Name: DOE

Professional Abbreviations: Professional Abbreviations Example: DDS, MD, PhD

Name on Badge: JOHN DOE List the information you want to appear on your badge. Example: Dr. Jeff, Mr. King, Sen.

Contact Phone with Area Code: 8000 000-0000

Phone Type: Cell - may text me * If possible, we would like to text you with convenient reminders and pertinent updates.

Confirm Phone: 8000 000-0000

Mailing Address Line 1: 324 PICO STREET Include apartment, suite or box number, if applicable.

Mailing Address Line 2: 8TH FLOOR

City: LAKE CHARLES

State: Louisiana, USA

Zip Code: 70003

Email Address: ram@pico.org We recommend an email address unique to the registered volunteer instead of a shared office address or the personal address of a group leader for all group members. We will send personalized scheduling correspondence to this address.

Confirm Email Address: ram@pico.org

User Name: ram@pico.org Establish your unique User Name. You may use your email address as your User Name unless another registered volunteer will be receiving correspondence at that same address.

Password: ***** Used to recall your information when you visit this site again so you can make changes and/or request additional volunteer opportunities. Your password must be at least 8 characters.

Confirm Password: *****

Required Age: I will be at least 14 years of age when I volunteer. *Volunteers under 18 must email volunteers@ramusa.org for the RAM Minor Release Form. For legal reasons these are the age restrictions for volunteering.

Demographics and Background

T-Shirt Size: SELECT ONE T-shirt size is adult unisex.

Language Fluency (other than English): * SELECT LANGUAGE * Hold down the control key to select more than one language. Hold down the control key and click on a selected language to de-select it.

Other Information

☐ Yes ☐ No Do you have a CDL Truck Driver's License? Please list any right, certification, as well as licensure to each type of aircraft you are able to fly. Optional, indicate any aircraft you own. Additionally, please include any aircraft you own and would be willing to fly for RAM.

☐ Yes ☐ No Bloodborne Pathogen Certified? Have you taken an infectious control bloodborne pathogen certification training?

☐ Yes ☐ No Vaccinated for Hepatitis B Check this box if you would like to receive more information in the event that RAM needs people to deploy for a disaster.

☐ Yes ☐ No Interested in deploying for disaster relief? Check this box if you are interested in doing medical clinics in other countries, please check this box and include any relevant information in the box below.

☐ Yes ☐ No Interested in volunteering for international clinics? If you are interested in doing medical clinics in other countries, please check this box and include any relevant information in the box below.

☐ Yes ☐ No Interested in traveling within the United States for clinics? If you are willing to travel to clinics further away from you but still within the United States please check this box.

Company / Organization: City of Lake Charles Optional, but helpful to know especially if you're coming with an office or team.

Matching: ☐ Yes My company has a matching program. Please indicate your employer's donation time with a financial donation to their non-profit where you volunteer.

Emergency Contact

First and Last Name: Jane Doe

Relationship: Wife

Phone: 8000 000-0001

Profession or Volunteer Classification

Event Area: SELECT ONE Select the area appropriate to your profession/classification.

Profession / Classification: (SELECT ONE)

☐ I am currently in a residency program.

☐ I am a healthcare student.

Events

Event: SELECT ONE Signing up for more than one clinic? Great! Finish your registration and click your assignments for your first clinic, then click SAVE AND SUBMIT at the bottom. THEN, click the RECALL button at the top to pull up your next, scroll down, and click your assignments for the second event (and repeat).

Liberty Waiver

Remote Area Medical thanks you for volunteering. Each volunteer is required to read and sign the Volunteer Agreement and Liability Waiver as a condition of participating in the event.

CONFIDENTIALITY STATEMENT

I understand that while I am participating as a registered volunteer at the Remote Area Medical clinic, it is mandatory that I maintain complete privacy and confidentiality of all patients. This includes, but is not limited to, any information that I receive from a patient, including but not limited to, medical history, medical condition, medical treatment, and any other information that I receive from a patient. I agree to keep this information confidential and to not disclose it to anyone outside of the clinic. I understand that if I do not follow these rules, I may be subject to disciplinary action, including but not limited to, being removed from the clinic and being reported to the appropriate authorities.

RELEASE AND INDEMNIFICATION

I hereby release and indemnify Remote Area Medical, a non-profit organization, and all its respective officers, directors, agents, contractors, heirs, successors, and assigns, from prosecution or presentation of any claim for bodily injury or death or for property loss or damage incurred in connection with this Remote Area Medical operation or related activities. I fully understand that I am volunteering at my own risk and that I am releasing Remote Area Medical, its employees, agents and subcontractors, from any and all liability, including but not limited to, medical malpractice, negligence, and any other liability that may be asserted against them. I understand that I am releasing Remote Area Medical, its employees, agents and subcontractors, from any and all liability, including but not limited to, medical malpractice, negligence, and any other liability that may be asserted against them. I understand that I am releasing Remote Area Medical, its employees, agents and subcontractors, from any and all liability, including but not limited to, medical malpractice, negligence, and any other liability that may be asserted against them.

MEDIA DISCLAIMER

I give my permission for Remote Area Medical, its employees, agents and subcontractors, to use my likeness captured in any photographs, videotapes or other similar product for the purpose of any electronic or other similar devices, to be used for any purpose whether or not published and whether or not I am aware of the fact that my likeness has been captured. I understand that I am releasing Remote Area Medical, its employees, agents and subcontractors, from any and all liability, including but not limited to, medical malpractice, negligence, and any other liability that may be asserted against them.

Please use your mouse to sign on a PC or use your mobile device touch screen.

The City of Lake Charles fully complies with Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, and related statutes, executive orders, and regulations in all programs and activities. The City operates without regard to race, color, national origin, income, gender, age, and disability. Any person who believes him/herself or any specific class of persons, to be subjected to discrimination prohibited by Title VI/Americans with Disabilities Act may by him/herself or by representative file a written complaint with the City of Lake Charles. The City's Title VI Coordinator/ADA Coordinator may be reached by phone at (337) 491-1440, the Mayor's Action Line at (337) 491-1346, or contact the appropriate Department Head.

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HOW TO REGISTER TO VOLUNTEER

DENTAL	MEDICAL
Dental Assistant - Expanded Function	Licensed Practical Nurse/Licensed Vocational Nurse
Dental Assistant - Non-Registered	Massage Therapist
Dental Assistant - Registered (RDA)	Massage Therapy Student
Dental Assistant Student	Medical Assistant
Dental Equipment Technician	Medical Professional - Other
Dental Hygiene Student	Medical Student
Dental Hygienist	Nurse Practitioner
Dental Lab Technician	Nurse Practitioner Student
Dental Resident	Nursing Student
Dental Student	Occupational Therapist
Dental X-Ray Technician	Paramedic
Dentist - General	Pharmacist
Dentist - Non-USA Licensed	Pharmacy Student
Dentist - Oral Surgeon	Pharmacy Technician
Dentist - Other Specialty	Phlebotomist
	Physical Therapist
	Physical Therapy Assistant
	Physical Therapy Student
	Physician
	Physician Assistant
	Physician Assistant Student
	Podiatrist
	Psychologist
	Radiologist
	Radiology Student
	Registered Nurse
	Resident Physician
	Social Worker
	Speech Language Pathologist
	Substance Abuse Counselor
	Technologist - Mammography
	Technologist - Radiology/X-Ray
	Technologist - Ultrasound
	Ultrasound Tech
	X-ray tech

GENERAL SUPPORT
Commercial Truck Driver
General Support
Healthcare Resource Professional

RESOURCE
Immunizations
Massage Therapist
Resource Booth
Resource Professional
Social Worker

VISION
Certified Ophthalmic Assistant
Certified Ophthalmic Technician
Certified Paraoptometric Assistant
Ophthalmologist
Ophthalmology Student
Optical Lab Technician
Optician - Licensed
Optician - Not Licensed
Opticianry Student
Optometric Technician
Optometrist
Optometry Student
Resident Ophthalmologist
Vision Equipment Technician
Vision Support

Profession or Volunteer Classification

Event Area: General Support Select the area appropriate to your profession / classification.

Profession / Classification: General Support

☐ I am currently in a residency program.

☐ I am a healthcare student.

Events

Event: Lake Charles, LA 2018 Signing up for more than one clinic? Great! Finish your registration and pick your assignments for your first clinic, then click SAVE AND SUBMIT at the bottom. THEN, click the RECALL button at the top to pull up your record, scroll down and pick your assignments for the second event (and repeat).

Event Location: Lake Charles Civic Center 900 Lakeshore Dr Lake Charles, LA 70601 More detailed directions will be available prior to your arrival.

Event Email: volunteers@ramusa.org Please add this information to your safe senders/callers list.

Event Phone: 8655791530

Event Information: <http://ramusa.org>

Please select an assignment for each day you plan to attend.

- Waiting Lists: If your preferred assignment is full, a waiting list option may be shown. If you choose to be on the waiting list for your preferred assignment, you will also be given the option to select an alternate assignment. If an opening becomes available in your preferred assignment, you will receive an email notice (and, if selected, a text message) automatically moving you to your preferred assignment. This will automatically cancel you from the alternate assignment.

Day	Type	Assignment
Fri Sep 14	Set Up	(G) Parking Lot Volunteer @ 11:45PM to 6:00A
Sat Sep 15	Clinic	(G) Interpreter @ 5:15AM to 6:00PM
Sun Sep 16	Clinic	Not attending this day

Admin Code: For administrative or instructed use only.

- Under Events section, choose **Lake Charles, LA 2018**
- You will then need to select which days you would like to volunteer and in what capacity you would like to volunteer on that day.
Also, certain options have additional questions that you will be prompted to answer
- Then using your mouse, you will need to sign the Liability Waiver. Once you have signed in the box, you will need to click the Save Signature button.
- Finally, click the Save and Submit button. If everything is correct, you will be then be given a confirmation message that you have successfully registered to volunteer at the Operation Healing and Restoration event!

Assignment Specific Questions (If Any)

☐ Yes ☐ No Are you a Certified Medical Interpreter?

☐ Yes ☐ No Can you FLUENTLY SPEAK the language(s) you identified as part of your background? If not, you're encouraged to change your responses to include only languages in which you are fluent.

Liability Waiver

Sign in the space below:

Please use your mouse to sign on a PC or use your mobile device touch screen

Last Signed (GMT): Feb 21 2018 11:12AM

save signature