



## SCM Mission Participant Guidelines

Thank you for your interest in volunteering on one of our missions to help refugees from Syria and other war torn areas of the Middle East as they make their way to safety in Europe. Please read all attached information and return the release, registration form, a copy of your passport and any credentials required to [Linda@scmmedicalmissions.org](mailto:Linda@scmmedicalmissions.org).

- **PAYMENT:** Payment for your hotel room must be made directly to the hotel by you. The fee for our hotel in Chalkidona is 25 Euro per night for a single and 30 for a double. This includes breakfast and taxes, and is a confidential rate specifically for SCM volunteers. We will reserve the room for you. Please note they may charge a credit card processing fee if you are using a credit card to pay. You are also responsible for your airfare and your meals. Please note that the hotel room price may change without notice due to seasonal price changes from the hotel.
- **BAGGAGE:** We ask that you only bring a carry-on bag for your personal items if possible, and reserve your checked bag for supplies that we may need for the mission if you are in the Seattle area. More information about any supplies we may need you to take will be provided prior to your departure date. We can provide letters to show you are part of a humanitarian mission asking the airline to waive or reduce any excess baggage fees, and asking customs to clear your bags without any duty. Some airlines may waive the fees for one bag or more, and some may not waive any, at that time it is your responsibility to pay for it, usually it is \$150 - \$200 per bag/50 lbs. Please let us know the number of bags you will be bringing so we can plan airport transfers accordingly.
- **AIRLINE TICKETS:** If you book your own airline tickets and you have an issue or problem with the airline you booked with, *we will not be able to assist you in remedying the problem.* Please contact Caravan-Serai Tours, a travel agency assisting us, to book your tickets so that we may provide Caravan-Serai's full service to you should anything come up. Their number is 206-545-7300 or email [maha@caravan-serai.com](mailto:maha@caravan-serai.com).
- **FUND RAISING:** As a participant of this medical mission, you are under the auspices of SCM. We ask that you do not do any fundraising in regards to your participation in the mission for other organizations prior to or during the mission. By fundraising for other organizations you can create confusion in the minds of the donors and the recipients of the funds. They may believe the money goes to or comes from SCM when it does not. If you would like to raise funds for the Syrian people through SCM, please direct people to our website ([www.scmmedicalmissions.org](http://www.scmmedicalmissions.org)) where they can donate online. You can also set up a fundraising campaign through **GoFundMe**, **CrowdRise** or another fundraising website of your choice. You can set it up as a personal fundraiser or to have the funds sent directly to SCM. We are a certified charity listed as **Salaam Cultural Center** (TAX ID: 911481782) on their website. Contact us if you have questions about this.
- **VACCINATIONS:** You are responsible for obtaining the appropriate vaccinations for travel to Greece. Please note that general travel to Greece does not usually require vaccinations, but because the missions take place in crowded areas, we recommend the following vaccinations:
  - DTaP
  - Pneumonia and flu shots
  - Hepatitis A & B series

# SCM Medical Missions

## Mission Registration: International Volunteer

### **MEDICAL/HUMANITARIAN MISSION RELEASE OF LIABILITY**

Mission Dates: \_\_\_\_\_

In exchange for participation in the volunteer mission to help displaced refugees in Greece organized by Salaam Cultural Museum/SCM Medical Missions (SCM):

I agree to observe any expressed rules and warnings, to follow any oral instructions or directions given by SCM representatives (in Greece or Headquarters) or the representatives of NGOs collaborated with on the ground. I recognize that there are certain inherent risks associated with the participating in a mission of this kind. I assume full responsibility for personal injury to myself, and further release and discharge SCM as a sponsor of the mission to assist displaced refugees in need of medical care and humanitarian aid.

Please keep in mind that you are volunteering under the umbrella of SCM. Your conduct is a reflection of SCM, and must remain professional at all times. If you behave in a manner that is disruptive to the mission or the people we are serving, you will be asked to leave the team. Any changes in your travel arrangements are at your own expense.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

# SCM Medical Missions

## Mission Registration: International Volunteer

Please complete this form and send to Linda at [Linda@scmmedicalmissions.org](mailto:Linda@scmmedicalmissions.org). Attach a scanned copy of your **passport** and **medical license/credentials** (if applicable). Your registration is not complete until we receive all required documents.

**FULL NAME:** \_\_\_\_\_ **Title/Suffix:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_ **Mission Dates:** \_\_\_\_\_

**Specialty/Qualifications/Relevant Skills:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Emergency Contact Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_ **Place of Issue:** \_\_\_\_\_

**Languages Spoken:** \_\_\_\_\_

**Do you need assistance booking your airline tickets?**      **YES**      **NO**

Please note that if you book your own tickets and you have an issue or problem with the airline you booked with, we will not be able to assist you in remedying the problem. If you want Caravan-Serai to assist you, please mark yes and we will contact you to arrange your flights.

**Room:**       **Single**       **Double/Twin (Roommate Name: \_\_\_\_\_)**

If you want to share a room, **your roommate must register at the same time**; otherwise we will book you as a single. We can try to find another person to room with you however **we cannot guarantee a roommate will be available**. Hotel fees are paid directly by the participant to the hotel upon arrival.

Send this form to Linda Richmond at [Linda@scmmedicalmissions.org](mailto:Linda@scmmedicalmissions.org) to process your registration on this mission.

