



ALOHA MEDICAL MISSION

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MEMORANDUM OF UNDERSTANDING

I hereby volunteer my services for the treatment of indigent people in _____ (country)
during the period of _____ (dates of mission).

I understand that Aloha Medical Mission serves as the coordinating organization for this act of charity
and humanitarian concern.

I understand that I will pay my own round-trip airfare expenses between _____ (your state)
and _____ (country), as well as lodging and any in-country expenses.

I understand that no volunteer, including the coordinator, is paid for any services rendered to the patients,
and that no one involved with Aloha Medical Mission receives any remuneration for work performed in
connection with the charitable mission.

I understand that I may keep medical records for any of the patients I treat and that I may keep data,
including photographs, for any of the cases I handle.

I understand that I am obligated to adhere to Aloha Medical Mission's Volunteer Code of Conduct,
attached to this Memorandum, and to abide by it during my participation in this mission.

I further understand that my work with the Mission shall not in any way be used for advertising,
marketing or any other commercial purpose without prior approval and express written consent of the
Board of Directors of Aloha Medical Mission.

Name (Please PRINT)

Signature

Date