



## FELLOWSHIP & VOLUNTEER FORM

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FIRST NAME

LAST NAME

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EMERGENCY CONTACT 1

MOBILE PHONE NUMBER

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EMERGENCY CONTACT 2

MOBILE PHONE NUMBER

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STREET ADDRESS

CITY/TOWN

STATE

ZIP

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MEDICAL ILLNESSES/ALLERGIES:

MEDICATION(S):

***\*Your information is kept confidential, and will only be shared with necessary personnel***

### AGREEMENT

I agree to be binded to the High School Associations of Medical Engineers & Scientists, Inc.(HAMES) in good faith, and I accept my position as a fellow in HAMES, and all of its duties and responsibilities. I acknowledge that ACTS is a subsidiary branch of HAMES, and all legal terms apply to both. I understand that all ACTS members or “Fellows”, are not reciprocated with any compensation, and are executing these positions through immaculate intentions. Should I deviate from my duty as a volunteer; my permissions, memberships, and associations with any healthcare provider, engineer, scientist, or professional facility whom I met on a “HAMES,” basis, are strictly prohibited. I agree not to contact any healthcare provider, engineer, scientist, or professional facility whom I met on a “HAMES,” basis, outside of HAMES, Inc. for other professional or personal reasons. I understand the mission of the High School Association of Medical Engineers & Scientists, Inc., and agree to abide by all future bylaws and codes set forth in the future.

I assume all risks associated while participating with the High School Association of Medical Engineers & Scientists, Inc. including, but not limited to, falls, animal bites, food poisoning, anaphylaxis, effects of weather, bloodborne pathogens, traffic, ground conditions, bodily injury, personal injury, illness, or property damage. These events should not occur if the participant/volunteer/member is acting with honorable conduct.

I have read and fully understand this waiver and in consideration of my participation for myself and anyone legally acting on my behalf, I waive, release and indemnify (or hold harmless) the High School Association of Medical Engineers & Scientists, Inc. (HAMES), it's subsidiary branch; Advanced Clinical Triage Squad (ACTS), its employees, directors, officers, volunteers, agents, successors and assigns, and all sponsors from any and all claims, liabilities or causes of action, including without limitation; death, bodily injury, property damage, illness or any other loss, damage or any inconvenience whatsoever, arising from my participation.  
I consent emergent medical treatment for myself if deemed necessary.

Further, I grant full permission to High School Association of Medical Engineers & Scientists, Inc. to use photographs, videos and other types of recordings of me in advertising, trade or any commercial purpose in legitimate accounts and promotions of HAMES.

I understand that as a medical volunteer, I may only perform first aid treatments within my scope of practice, and I am solely operating under the New Jersey Good Samaritan Statute (NJSA 2A:62A-1) and the Volunteer Protection Act of 1997.

I agree to conduct myself in a professional manner, and apply BSI: Body Substance Isolation, or PPE: Personal Protective Equipment when prompted. I agree to comply with all HIPAA laws, and understand that at anytime, my membership can be revoked immediately due to noncompliance.

I have purchased the necessary first aid equipment needed as an ACT squad member from HAMES.

**DECLARATION OF GENEVA**

I solemnly pledge to consecrate my life to the service of humanity. I will give to my teachers the respect and gratitude that is their due. I will practice my profession with conscience and dignity. The health of my patient will be my first consideration. I will maintain by all the means in my power, the honor and the noble traditions of the medical profession. My colleagues will be my sisters and brothers. I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient. I will maintain the utmost respect for human life, and I will not use my medical knowledge to violate human rights or civil liberties. I will advocate my beliefs for my patient, even under threat. I will continue to educate, research, and share my knowledge to the best of my ability. I will execute every action, medical or not, through honest and pure intentions.

I make these promises solemnly, freely, and upon my honor.

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**SIGNATURE** **DATE**

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**PARENT OR GUARDIAN SIGNATURE** **DATE**