



## VOLUNTEER AGREEMENT FORM

### Tanzania Health Opportunities (THO)

#### 1. PARTIES

- **Tanzania Health Opportunities (THO)**, an organization based in Dar es Salaam, Tanzania, hereinafter referred to as "THO".
- \_\_\_\_\_, hereinafter referred to as "**Volunteer**".

By signing this Agreement, both parties agree to the following terms and conditions:

#### 2. VOLUNTEER ROLE & RESPONSIBILITIES

The Volunteer agrees to:

- Participate actively in medical and/or community activities assigned by THO.
- Follow the schedule and tasks as outlined, which may include work in hospitals, outreach programs, school projects, or other community initiatives.
- Volunteer for a total of **6 hours per day, Monday to Friday**. Participation in outreach programs will count toward the weekly required hours.
- Outreach program participation is allowed only for volunteers who are either graduates, licensed medical professionals or currently in their clinical years of study. This is to ensure patient safety and proper scope of practice in underserved communities.
- Attend the **hospital they are registered with**, as stated in their official **invitation letter**. Volunteers are not allowed to work in hospitals other than the one assigned without THO approval.
- Attend the hospital **daily and punctually**, unless sick. In case of illness, the Volunteer must **inform the THO coordinator** immediately and **go to the hospital for medical assessment**.
- Maintain **confidentiality** regarding patient information, hospital matters, and internal operations of THO.
- Behave professionally, responsibly, and respectfully toward patients, medical staff, fellow volunteers, and the local community.

#### 3. DURATION OF VOLUNTEERING

- The Volunteer's program will start on \_\_\_\_\_ and end on \_\_\_\_\_, unless extended by mutual agreement.
- Volunteers are expected to commit fully to their agreed duration. If terminated earlier, **no refund will be issued**.

#### 4. ACCOMMODATION & FEES

- The Volunteer agrees to cover accommodation and program costs.
- The fee does **not** include flights, visa, personal expenses, travel insurance, or medical insurance.

- Volunteers are responsible for their own transportation to Tanzania, and THO will assist in choosing the best flight options.

## 5. CODE OF CONDUCT

The Volunteer agrees to:

- Adhere to ethical and professional behavior at all times.
- Avoid any illegal activities during their stay in Tanzania.
- Dress appropriately according to cultural and professional settings.
- Show respect to local culture, customs, and traditions.
- Not engage in activities that could damage THO's reputation.

## 6. HEALTH & SAFETY

- The Volunteer acknowledges that THO is **not responsible** for any medical expenses, accidents, or illnesses.
- It is **highly recommended** that the Volunteer obtains travel and health insurance, but is not mandatory.

## 7. INDEMNITY & LIABILITY WAIVER

The Volunteer acknowledges that:

- Participating in this program involves **inherent risks**, including medical, environmental, and travel-related risks.
- By joining, the Volunteer **releases THO**, its staff, affiliates, and partners from all liability related to injuries, illnesses, losses, or damages incurred during the program.

## 8. CANCELLATION POLICY

- The Volunteer must notify THO of any cancellations **at least 30 days prior** to the start date.
- The program fee is **non-refundable**, except in exceptional circumstances to be reviewed solely at the discretion of THO management.

## 9. PHOTO & MEDIA CONSENT

- The Volunteer agrees that THO may use **photos and videos** taken during the program for promotional and marketing purposes (website, brochures, social media), unless the Volunteer **opts out in writing** prior to the start of the program.

## 10. TRAVEL & HOUSE POLICIES

- Volunteers **must request permission** for any overnight trips or travel outside Dar es Salaam or their assigned residence.
- All requests must be submitted **at least 2 days in advance** via the official Google Form, titled: **"THO Volunteer Travel Request & Permission Form"**.
- Approval from the THO coordinator is required before any such travel.

## 11. AGREEMENT & SIGNATURES

By signing this Agreement, both parties confirm their understanding and acceptance of the above terms.

**THO reserves the right to terminate a volunteer's participation without refund if they fail to follow any part of this Agreement.**

Volunteer's Name: \_\_\_\_\_ Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THO Representative's Name: Dr. Daud William . THO Representative's Signature: 