

Application to Participate in Medical and Public Health Student internship in Yun Nan Province, China.

China California Heart Watch (China Cal)

This is an opportunity to obtain first hand experience of medical problems and care in the impoverished communities of rural Yunnan Province and Kunming city. This is not a vacation. Students will participate and help in clinical care and research in impoverished areas of Yunnan Province.

To participate you must be qualified. Please answer the following questions and return the completed form to robert@chinacal.org.

Name (as in passport). _____ Phone Number _____

Email _____ Pass Port Country _____ Passport Number _____

We will need you passport info to register you with the local government departments and to help you get your visa.

Address _____

1. Do you speak Mandarin? _____ (It is not required but it is desirable to speak some Mandarin.)

1a. If so, is your Mandarin (a) elementary (can ask directions in the street, but cannot converse with others and cannot read), (b) intermediate (can carry on casual conversation and can read a little), (c) advanced (fluent, can teach and can read well). _____

2. If you participate, how will this help you in your avowed career? _____

3. What is your academic level (undergrad, grad student, other)? _____

4. What is your specialty/major (medicine, public health, social work, psychology, etc)? _____

5. Please print and sign the attached waiver of responsibility, scan signed copy and send to robert@chinacal.org.
6. Please write a paragraph describing your career goals on an additional sheet and attach this to your email..

When will you be available for a phone interview with either Dr. Wong or Dr. Detrano?

_____/_____/_____

Which dates will you be available for attending our internship (see list below) _____

Spring break 3/28 - 4/11

May 5/9-5/29

Mid Summer Full 6/16 – 7/22

Mid Summer First part 6/16-6/30

Mid Summer Second part 7/1-7/22

August 8/16-8/31

CHINA CALIFORNIA HEART WATCH

Release and Waiver of Liability for China California Heart Watch

In consideration for being permitted to participate as an intern of China California Heart Watch ("CCHW"), the undersigned, for himself or herself, his/her personal representatives, heirs and assignees, and next of kin, acknowledges and agrees to the following terms and conditions of participation:

1. The **undersigned** HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE CCHW or any of, its officers, directors, employees or agents for any claim, cause of action, loss, damage or tort arising out of or relating to his or her participation as a CCHW intern or any related activities. This RELEASE and WAIVER applies to any claim or demand on account of injury to the person or property resulting to the undersigned whether caused by negligence or otherwise while the individual is involved or participating in any activity relating to CCHW.
2. The **undersigned** HEREBY ASSUMES FULL RESPONSIBILITY FOR AND ALL RISK OF BODILY INJURY, DEATH OR PROPERTY LOSS due to negligence or otherwise while said individual is participating in activities relating to CCHW. The **undersigned** EXPRESSLY ACKNOWLEDGES AND AGREES that some of the activities in which the **undersigned** will engage during the internship might involve substantial risk of serious injury and/or death and/or property damage. The undersigned nevertheless expressly agrees that the foregoing RELEASE AND WAIVER is intended to cover all such activities and that the foregoing RELEASE AND WAIVER is intended to be as broad and inclusive as permitted under the laws of the State of California and of the People's Republic of China.
3. The **undersigned** EXPRESSLY ACKNOWLEDGES AND AGREES that CCHW may use images of the undersigned, whether on film, video, electronic media or other format, for publicity, fundraising and recruiting and any other purpose which CCHW may deem appropriate, and the undersigned further acknowledges that there will be no compensation from CCHW to the undersigned at any time for such use of such image(s).
4. If any portion of this RELEASE AND WAIVER is deemed invalid, it is agreed that the balance of the RELEASE AND WAIVER shall remain in full force and effect. The undersigned also expressly agrees that (s)he has READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY and UNDERSTANDS THAT (S)HE IS GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE, and intends for his/her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name of Intern _____ Age _____

Signature of Intern _____ Date: _____