



Dear Team Participant:

Enclosed is a packet of information regarding our mission to Peru from Saturday May 6- Friday May 12, 2023

I am very excited to be your team leader for this mission. This is going to be a unique mission, which includes trips to Machu Picchu, Maras, and Moray, and is designed to bring Medical/Dental care to the people in the historic town and communities of Huaru, Cusco, Peru.

Some background on your Team Leader: Douglas Schildhaus D.M.D.

Dr. Doug specializes in Pediatric Dentistry and resides in New York City. He is a graduate of Boston University School of Dental Medicine and has been with Flying Doctors of America since 2013. He currently sits on the FDOA Board of Advisors

We look forward to helping you have a great experience, opening the doors, whereby you can bring hope and healing to those in great need in Peru. We will arrange the mission from the time you arrive in Peru, until the time you return home.

Steps on how to apply for the mission:

1. Fill out the Mission Participant Data form and the Flying Doctors Release form and sign. Link [here](#)
2. Send either a \$500 deposit check or a check for the full mission donation of \$2885. Any remaining balance will be due on February 1, 2023
3. Make the check payable to: Flying Doctors of America, Memo: Peru Mission 2023
4. Copy of Passport
5. Copy of license if you are an M.D., Dentist, PA, Nurse Practitioner or RN, but not for volunteers.
6. Send check and paperwork to:

Dr. Douglas Schildhaus
Flying Doctors of America
333 E 79th St. Apt phs.
New York, N.Y. 10075

If you have any questions call me on my cell at **516-526-2015** or email me at dschildhaus@gmail.com. Please let me know when your information/deposits are in the mail.

Dr. Douglas Schildhaus – Team Leader

Data Form for each Mission Participant

Mission Location/ Date: _____

Personal Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell phone: _____

Please Check

MD: __ DDS: __ PA: __ NP: __ RN: __ PT: __ OD: __ Pharmacist: __ Chiropractor: __ Massage Therapist: __

Specialty: _____

General Volunteer background: _____

Please list any memberships to Medical Societies or Associations: _____

Mission Experience

How many Flying Doctors missions have you been on? _____ Where: _____

How many missions with other groups have you been on? _____ Where: _____

In case of Emergency

Full Name: _____

Relationship: _____

Contact number: _____

Shirt Size

S: _____ M: _____ L: _____ XL: _____ XXL: _____ XXXL: _____

Are you vegetarian?

Yes No

Speak a foreign language? Yes No Level: Basic/Beginner Intermediate Advanced

Language(s) _____

MISSION REFUND DISCLAIMER

While Flying Doctors of America makes every effort to execute missions as planned and represented, it is understood and agreed by all participants that a) these missions are to less developed areas of the world, b) we necessarily rely on representations of others regarding itineraries, accommodations, travel, meals, approvals, etc., and c) fulfillment of planned missions is often beyond our control, even though we have expended funds to plan, organize, arrange transport and otherwise perform these missions. Therefore, participant understands and agrees that sums paid to Flying Doctors of America are donations, and are not subject to offset or refund, total or partial, once a mission embarks.

To clarify further, because missions are focused on medical/dental care each slot is critical. Most providers need 6 months' notice to arrange time to go. Thus, if you have to cancel your FDoA mission, you are entitled to the return of these amounts:

- Prior to six months from the start of a mission, 100% will be returned.
- Between 179-90 days prior to the start of a mission, 50% will be returned.
- 89 days or less prior to the start of the mission there will be no return of donation.

SIGNATURE

DATE

PRINTED NAME

Comments:
