



HOSPITAL SISTERS MISSION OUTREACH

P.O. Box 1665
Springfield, IL 62705
(217) 525-8843

Return application to:
smemillan@mission-outreach.org
(217) 523-4742 (fax)

Hand Carry Application

If you are requesting supplies for use internationally, please read and complete this application.

Section A			
1. Requesting Organization Name:			
2. Contact Name:		Title:	
3. Relationship to Recipient In Country:			
4. Address:			
5. City:		State:	Zip Code:
Country:			
6. Phone:		Fax:	
7. E-mail address:		Website:	
8. Requesting organization is a 501(c)3 organization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please forward letter of determination.			
If no, please explain:			
9. Has this organization received assistance from Mission Outreach in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. How did you hear about Hospital Sisters Mission Outreach?			
11. List other sources that donate (or have donated) medical supplies and equipment to your organization:			
12. Proposed delivery location:			
Address:		City:	
State:		Country:	
13. Contact name at delivery location:			
Hand Carry Application			
February 2010			



**HOSPITAL
SISTERS
MISSION
OUTREACH**

14. Contact e-mail address:		Phone number:	
Section B			
Will Requesting Organization be responsible for any shipping and handling charges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please continue in Section C.			
Organization responsible for shipping/handling charges:			
Contact name:		Title:	
Relationship to Recipient In Country:			
Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	Dedicated line? <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail:		Website address:	
Section C			
Recipient In Country:			
Who owns/operates the facility?			
Contact name:		Title:	
City:	State:	Zip Code:	Country:
What is the legal status of the facility?			
<input type="checkbox"/> Private, for-profit		<input type="checkbox"/> Private, not-for-profit	
<input type="checkbox"/> Public/government		<input type="checkbox"/> Religious. Affiliation:	
How long has this facility been in operation?			



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How will requested equipment and supplies be used?
How will the community benefit from the medical goods being donated by Hospital Sisters Mission Outreach?
Are you able to accept expired items? (All items are in original packaging. We do not ship medications.)

The applicant authorizes Hospital Sisters Mission Outreach to (1) investigate all statements contained in this application; (2) contact references or any other persons who can provide information relative to consideration of this application; (3) and make any other inquiries relevant in arriving at a decision regarding application for donation. I consent to any contacted person to provide information and I covenant not to sue any such person for information provided. If the undersigned is an entity, the undersigned represents and warrants that the undersigned has the authority to commit the entity on whose behalf the undersigned is signing this document.

Organization:

Type/Print Name & Title of Applicant:

Signature of Applicant:

Date:

INTERNAL USE ONLY

<input type="checkbox"/> Application approved	Date:	Approved by:
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INTERNAL USE ONLY
 AGENCY #

RECIPIENT AGREEMENT

The Applicant understands that the medical supplies, equipment, and other items (“Donated Goods”) available from the Hospital Sisters Mission Outreach Corporation (“Mission Outreach”) are being made available strictly on an “as-is, where-is” basis. The Applicant accepts the Donated Goods “as is, where is” with all faults, and acknowledges that the inspection for any defects and the safe operation of the Donated Goods is solely the responsibility of the Applicant. MISSION OUTREACH MAKES NO WARRANTIES OF ANY KIND, INCLUDING WITHOUT LIMITATION, ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE. TO THE MAXIMUM EXTENT PERMITTED BY LAW, MISSION OUTREACH SHALL NOT BE LIABLE AND HEREBY DISCLAIMS LIABILITY IN CONNECTION WITH THE DONATED GOODS, INCLUDING WITHOUT LIMITATION, LIABILITY FOR ANY COMPENSATORY, PUNITIVE, INCIDENTAL, EXEMPLARY, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY KIND OR NATURE WHATSOEVER. Each Applicant and any responsible manager of any such Applicant assumes full responsibility for making an independent determination of the appropriateness of the Donated Goods (or any part thereof) before using them and for the transportation and use of the Donated Goods in accordance with applicable law. To the maximum extent permitted by law, the Applicant fully accepts and assumes all risks and all responsibility for losses, costs, and damages that the Applicant, its agents, representatives, members, directors, officers, employees, agents, contractors, patients, and transferees (“Users”) may incur as a result of the Donated Goods or their use or transportation, including without limitation personal injuries, illness, damage or loss to property, and death.

Mission Outreach and the Applicant recognize that this agreement shall release the Indemnities (as hereinafter defined) from any and all liability for personal injury and any other type of injury, loss, cost, or expense arising from the use or transportation of the Donated Goods. The Applicant acknowledges that the consideration for this release and indemnification is the donation of the Donated Goods themselves or of the use thereof. By making an application for the receipt of such Donated Goods and by accepting such Donated Goods, the Applicant agrees to waive and relinquish all claims against Mission Outreach and its donor facilities, and their respective officers, agents, directors, employees, and volunteers (the Indemnities”), and further agrees to indemnify, hold harmless, and defend the Indemnities from and against any and all liability, loss, damage, cost or expense (whether to person or property), including without limitation the reasonable fees of attorneys and paralegals, due to, or arising or alleged to have arisen out of the use, receipt, acceptance or transfer of the Donated Goods.

The Applicant guarantees that the Donated Goods received as donations from Mission Outreach will be administered by the Applicant or by others under the direction of the Applicant for the benefit of those served by the Applicant. The undersigned understands that these Donated Goods have no commercial value and that the Donated Goods are not to be sold, resold or exchanged for profit or gain. The undersigned further attests that the undersigned has read and agrees to receive the Donated Goods from the Mission Outreach Program according to the stipulations above.

If the undersigned is an entity, the undersigned represents and warrants that the undersigned has the authority to commit the entity on whose behalf the undersigned is signing this document.

ORGANIZATION:	
TYPE OR PRINT NAME & TITLE OF APPLICANT:	
SIGNATURE OF APPLICANT:	
DATE:	

APPROVED BY: _____

DATE: _____