



HOSPITAL SISTERS  
MISSION OUTREACH

## **Hand Carry - Donation Process For staff at HSMO Partner Hospitals**

1. A phone call or email to [smcmillan@mission-outreach.org](mailto:smcmillan@mission-outreach.org) requesting an application and confirming that the requestor is a medical staff member at the hospital. **Mission Outreach prefers a minimum of four weeks' notice prior to the need by date in order to process a request.**
2. The requestor (hospital employee) returns the completed application to [smcmillan@mission-outreach.org](mailto:smcmillan@mission-outreach.org).
  - *\*Attn: We are having difficulty communicating with Gmail users. Please check your spam for communications from us once this application is submitted. After you locate our email, please restore it to your inbox as a safe sender following the directions posted on our home page at [www.mission-outreach.org](http://www.mission-outreach.org).*
3. Mission Outreach processes the application.
4. **Once processed an Agency Reference number and Password will be assigned and the requestor begins to order inventory via Mission Outreach's online inventory** or if a specific order was provided when the application was completed the Warehouse Manager may create the order.
5. **Pick up date/shipping date is confirmed.**
6. Shipping fees are quoted when appropriate.
7. **If there are shipping fees an invoice is submitted to the accounting department to send a billing invoice.**
8. Final contents confirmed by Mission Outreach and requestor.

## **EXPLANATION OF RESPONSIBILITIES**

### **Requestor Responsibilities:**

<b>Shipping/Mailing</b>	<b>Actual Costs</b>
<b>Handling Fee</b>	<b>Waived for up to 50 lbs. of supplies. Orders over 50 lbs. will be charged a \$2.00/lb</b>
<b>Evaluation</b>	Return completed evaluation form and photos to Mission Outreach at the completion of mission trip.

### **Mission Outreach Responsibilities:**

<b>Collection of Supplies</b>	Supplies will be collected from hospital partners.
<b>Visual Inspection</b>	Mission Outreach will visually inspect all items donated to assist in determining that all components are present to make the equipment functional.
<b>Packing</b>	Items will be packed appropriately to protect during shipping.
<b>Storage</b>	Mission Outreach will store boxed items until they are ordered by the requestor via online inventory.
<b>Maintenance of Inventory</b>	An online inventory will be provided and maintained by Mission Outreach. Upon completion of the application, and approval by HSMO's Executive Director, each requestor will be given a pass code to access the online inventory. The code must be reactivated with each order.
<b>Additional Items</b>	Mission Outreach will provide requested additional items as available.
<b>Shipping/Mailing</b>	When needed, Mission Outreach will attempt to get the best price for shipping/ mailing from Springfield to the address designated for delivery by the requestor.

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

Return all applications to:  
[smcmillan@mission-outreach.org](mailto:smcmillan@mission-outreach.org)  
(217) 523-4742 (fax)

## Hand Carry Application

### For staff at HSMO Partners in Recovery hospitals

If you are requesting supplies for international use, please complete this application in its entirety.

<b>1. Contact Name:</b>	<b>Title:</b>	
<b>2. Hospital Affiliation:</b>		
<b>3. Your Address:</b>		
<b>4. City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>5. E-mail address:</b>		
<i>*Attn: We are having difficulty communicating with Gmail users. Please check your spam for communications from us once this application is submitted. After you locate our email, please restore it to your inbox as a safe sender following the directions posted on our home page at <a href="http://www.mission-outreach.org">www.mission-outreach.org</a>.</i>		
<b>6. Proposed recipient hospital or clinic:</b>		
<b>Address:</b>	<b>City:</b>	
<b>State:</b>	<b>Country:</b>	
<b>7. How will requested equipment and supplies be used at the hospital/clinic?</b>		
<b>8. How will the community benefit from the medical goods being donated by Hospital Sisters Mission Outreach?</b>		
<b>9. Billing address (to be used only if shipping/ mailing charges are applied):</b>		
<b>Name:</b>	<b>Street Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>10. Shipping address (to be used only if applicable):</b>		
<b>Name:</b>	<b>Street Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
I, the undersigned, affirm that all information provided in this application is, to my knowledge, correct. I also agree to provide Mission Outreach with a completed evaluation and photos within 30 days of returning from my mission trip.		
<b>Hospital affiliate:</b>		
<b>Type/Print Name &amp; Title of Applicant:</b>		
<b>Signature of Applicant:</b>		
<b>Date:</b>		

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

<b>Glossary of Terms</b>	
<b>Hospital Affiliate</b>	The hospital for which you work– a member of Mission Outreach’s Mission Partners in Recovery Program.
<b>Recipient Hospital/Clinic</b>	The hospital or clinic with which you’ll be working on your mission trip, in the destination country.
<b>Outdated items</b>	Items that have already passed their printed expiration date.
<b>Short dated items</b>	Items that are close to their printed expiration date.

## Hospital Sisters Mission Outreach

Return application to:

P.O. Box 1665

Springfield, IL 62705

217-525-8843

[smcmillan@mission-outreach.org](mailto:smcmillan@mission-outreach.org)

Fax 217-523-4742



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:	
<i>*Attn: We are having difficulty communicating with Gmail users. Please check your spam for communications from us once this application is submitted. After you locate our email, please restore it to your inbox as a safe sender following the directions posted on our home page at <a href="http://www.mission-outreach.org">www.mission-outreach.org</a>.</i>	

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_