

# FUTURE VISION PLAN

## Global Grants Vocational Training Team Participant Application



### PARTICIPANT CONTACT INFORMATION

Team leader:  Team member:

Family name: Patel First name: Motibhai

Rotarian: Yes  No  If yes, please list Rotary ID: \_\_\_\_\_

Gender: Male  Female

Address: First Floor, Govt. Quarters,  
Behind Prabhu Street, Kothi Street,  
Dharampur, Valsad

E-mail address: rotaryeye@sify.com

Primary phone: 91-9727575122

Secondary phone: --

Country of citizenship: Indian

### EMERGENCY CONTACT INFORMATION

Family name: Patel First name: Savitaben

Relationship: Wife

Address: First Floor, Govt. Quarters,  
Behind Prabhu Street, Kothi Street,  
Dharampur, Valsad

E-mail address: --

Primary phone: --

Secondary phone: \_\_\_\_\_

Travel Insurance Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone: \_\_\_\_\_

## EXPERIENCE

I have provided an electronic copy of my curriculum vitae or résumé with this application.

## AREA OF FOCUS AND GOALS

With which area(s) of focus is the program of study aligned?

- |   |   |
|---|---|
| <input type="checkbox"/> Peace and conflict prevention/<br>resolution | <input type="checkbox"/> Maternal and child health          |
| <input checked="" type="checkbox"/> Disease prevention and treatment  | <input type="checkbox"/> Basic education and literacy       |
| <input type="checkbox"/> Water and sanitation                         | <input type="checkbox"/> Economic and community development |

Please explain how your educational and/or professional expertise relates to the team's area(s) of focus.

Serving as Operation Theatre Assistant at Smt. Lilavatiben Mohanlal Shah (Bilimorawala) Eye Hospital since last 10 years. Also served in previous Nigeria camps

Please describe your goals for participating in this training.

To assist ophthalmic surgeons in operating the patient by making pre-operation procedure, by this, serving the community at large

## LANGUAGES AND EDUCATION

List the languages you speak (including native language) and your proficiency level.

Language	Proficiency
Gujarati	Read, Write, Speak
Hindi	Read, Write, Speak

## AGREEMENT

As a member of a Rotary Foundation Global Grant team for vocational training, I agree to the following conditions of award. I:

1. Confirm that I have reviewed the itinerary for the travel and training associated with this grant.
2. Confirm that I will actively participate in the vocational training and work with my team as a cohesive group in order to ensure the success of the grant.
3. Will take an active role in the pre-departure orientation including any necessary language and cultural training to ensure that I am knowledgeable about the country(ies) to be visited and thoroughly acquainted with the aims, objectives, and ideals of Rotary and the purpose of the vocational training to further Rotary's mission.
4. Will secure, for the duration of the trip, travel medical and accident insurance that includes the following *minimum* limits of benefits:
  - US\$250,000 or equivalent for medical care & hospitalization for basic major medical expenses, including accident and illness expense, hospitalization, and related benefits
  - US\$50,000 or equivalent for emergency medical evacuation
  - US\$50,000 or equivalent for repatriation of remains
  - US\$500,000 or equivalent for professional liability insurance for those grant recipients who will be providing professional services

I understand that this insurance must be valid in the country(ies) that I will travel to and visit during the duration of my participation, from the date of departure through the official end of the trip.

**Upon request, I will provide to the host sponsor, international sponsor, and The Rotary Foundation (TRF) a certificate of insurance evidencing the required coverages.**

I understand that by requiring insurance herein, Rotary International (RI)/TRF does not represent that these coverages and limits will necessarily be adequate to protect me. I should consult with an insurance professional to determine which coverages and limits will be adequate to cover me in the geographical location(s) visited.

5. Understand that RI/TRF does not provide any type of insurance to the vocational training team member.
6. Agree that all logistical arrangements relating to transportation, language training, insurance, housing, passports, visas, inoculations, and financial readiness are my responsibility and not that of any Rotary club, district, RI, or TRF.
7. Understand that TRF will only provide for costs directly associated with grant implementation and agree to have sufficient funds to meet my personal and incidental expenses while traveling.

8. Understand that TRF has final authority to select team members. Team members or alternates may be disqualified at any time, if deemed appropriate, at the sole discretion of TRF.
9. Agree to reimburse TRF any costs I have incurred if my behavior warrants dismissal from the team.
10. Certify that, if I am a member of a vocational team *receiving* training, I am not: (1) a Rotarian; (2) an employee of a club, district, or other Rotary entity, or of Rotary International; (3) the spouse, a lineal descendant (child or grandchild by blood or stepchild, legally adopted or not), the spouse of a lineal descendant, or an ancestor (parent or grandparent by blood) of any person in the foregoing two categories.
11. Certify that the selection committee is aware of my relationship (professional or personal) to any Rotarians sponsoring my candidature and/or any other participants on the team.
12. Agree to remain with the team throughout the term of the grant, except during those periods when individual time is scheduled, and will inform the team of my whereabouts at all times.
13. Will maintain standards of behavior and deportment during my travels with the team that will reflect positively on Rotary, my sponsor club or district, and my country.
14. Agree to refrain from engaging in dangerous activities for the entirety of the grant. I further confirm that I understand and agree to the following:
  - I am solely responsible for my actions and property while participating in and traveling to and from grant activities.
  - While participating in this training, I may be involved in some dangerous activity including exposure to disease, injury, sickness, inadequate and unsafe public infrastructure, unsafe transportation, hazardous work conditions, strenuous physical activity, inclement weather, political unrest, cultural misunderstandings, issues resulting from noncompliance with local laws, physical injury or harm, and crime and fraud. I understand these risks and assume all risks involved with this training.
  - I do hereby release RI/TRF from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the grant.
  - If I, because of serious illness or injury, am unable to complete the terms of this agreement and must return home, TRF shall pay to arrange for transportation home. RI/TRF shall not assume any additional costs including the cost of any medical care or treatment, now or in the future.
  - I shall be solely responsible for any and all costs and damages for any illness, injury, or other loss (including loss of consortium and emotional loss) incurred or suffered participating in, traveling to or from the training, or otherwise related to the provision of the grant.
15. Agree to refrain from engaging in dangerous activities that could unnecessarily endanger or threaten the health, safety, or well-being of myself or other participants. Such activities would include, but not be limited to, skydiving, bungee jumping, extreme sports, and operating heavy machinery. I am solely responsible for my actions and property while participating in, and

traveling to and from, the training

16. Confirm that if I engage in any type of medical practice or activity including but not limited to routine medical procedures, surgical procedures, dental practice, and contact with infectious diseases, I am solely responsible (including providing for adequate insurance) for any and all liability that may arise from my participation in this activity.
17. Release RI/TRF from any liability, responsibility, and obligation, either financial or otherwise, beyond providing the grant and understand that I am responsible for all costs not covered by the grant. I do hereby agree to defend, indemnify and hold harmless RI/TRF from and against all claims (including, without limitation, claims for bodily injury or property damage), demands, actions, damages, losses, costs, liabilities, fines, expenses (including reasonable attorney's fees and other legal expenses), awards, and judgments asserted against or recovered from RI/TRF arising out of any act, conduct, omission, negligence, misconduct, unlawful acts, or violations of any of the terms and conditions that apply to this grant. The foregoing includes, without limitation, injury or damage to the person or property of RI/TRF or any third party, whether or not subject to any policy of insurance.
18. Agree to participate in club and district activities as requested by my sponsors.
19. Permit TRF to share my name and contact details with other vocational training teams and Rotary districts upon request. Unless I indicate otherwise in writing, by submission of the photos in connection with any report, I hereby give publication rights to RI and TRF for promotional purposes to further the Object of Rotary, including but not limited to RI and TRF publications, advertisements, and Web sites. I also authorize RI and TRF to share photos from reports with Rotary entities for promotional purposes to further the Object of Rotary.
20. Confirm that if I elect to travel after the end of the training, I agree to return to my sponsoring district within four weeks after the grant is completed.
21. Agree that my spouse or other family members, who are not approved members of the team, will not accompany the team during the term of the grant under any circumstances.
22. Agree to have a medical examination, completed and signed by the examining physician, in order to confirm that I am fit for travel.

The laws of the State of Illinois shall govern all matters arising out of or relating to this Agreement, including, without limitation, its interpretation, construction, performance, and enforcement. Any legal action brought by either Party against the other Party arising out of or relating to this Agreement must be brought in either the Circuit Court of Cook County, State of Illinois or the Federal District Court for the Northern District of Illinois. Each Party consents to the exclusive jurisdiction of these courts and their respective appellate courts for the purpose of such actions. Nothing herein prohibits a party that obtains a judgment in either of the designated courts from enforcing the judgment in any other court.

Please confirm the following:

Please check.

- I have read and agree to the Terms and Conditions of Rotary Foundation District Grants and Global Grants and the above terms of agreement associated with my participation in this grant.
- I meet the medical requirements for this grant and can fully participate in international travel and activities during the vocational training grant.
- I understand that I am required to secure travel medical and accident insurance as outlined in the participant agreement and that I must provide details about these coverages in the emergency contact section above. I understand that this insurance must be valid for all countries visited during the grant period.
- I release The Rotary Foundation from any and all liability with regard to my involvement in this grant.
- I have obtained or will obtain any visas required for travel before my departure.

Name (please print): Motibhai Patel

Signature (mandatory): મોતીભાઈ દેવભાઈ પટેલ

Date: 19 July, 2012