April 20th 2017

**Subject: Health & Wellness program Uganda 2017**

**Date: Sept 19th to Sep 23rd ‘2017 - TIME: 9AM to 5 PM**

We are Hope B~Lit, a non-profit organization under Bayfield Foundation based in Southern California. Children are at the heart of everything we do. We want to be their HOPE – for a better life, for a better future, for a better world. To accomplish this, we serve, inspire, teach, foster relationships, and nourish children holistically to bring a long-term, positive impact in their communities and lives across the globe.

HOPE is not bound by geographical limitations. We have already conducted successful programs in two continents, with our eye on the third! We LOVE collaboration – and all serving entities get our service certificate from our USA based 501© organization , as a THANK YOU !

We have over 6 years of experience in designing initiatives, both in India & USA that have had tremendous impact in the areas of education, human values, environment preservation, and health care amongst others. As part of our continuing efforts for our Wish UPON a SMILE wing , we are working towards improving timely access to quality preventive services and oral hygiene education for children and communities in rural India and other services. Please find enclosed the details on the plans for the upcoming program that will be held at Village of Kkona West, Uganda on September 13th to Sept 23rd, 2017.

Although completely preventable, Dental disease in remote village populations is a serious concern primarily due to low oral hygiene awareness and poor access to affordable health care services. In order to address this problem we have designed this dental camp to provide screening and dental care health cards to keep track of their dental health. The third and equally critical objective of this camp will be to equip this population with the knowledge and resources necessary to maintain good overall hygiene over the long term. Culturally competent and comprehensive health education modules and information pamphlets are being prepared to fulfil this objective

We are supported in this effort by highly dedicated and competent Dental and Public Health Professionals from Southern California as well as India (details enclosed), who have made it their advocacy to help. It will be our pleasure and privilege to work alongside you in this initiative. **Please Email completed form to rhak99@gmail.com.**

You can help us as :

1. General Volunteer for other services
2. Medical Volunteer : Dentists and dental technicians

If interested please do fill in and email us back the signed page of consent and also details requested on the information request sheet of this document.

We thank you for taking the time to review our Camp Overview and your noble interest in helping to serve these children. We look forward to working with you. **LET’S CROSS BOUNDARIES & SERVE TOGETHER!**

Sincere Regards,

Rohini Hak

For *Hope B~Lit,*

*Mobile: +3109626974*

*{Under Bayfield Foundation INC }*

*Los Angeles, CA , USA*

**Holistic Wellness Program - Kkona West Village, Uganda , Africa**

**Dates: Sept  19th to 23rd , 2017**

 **Camp hours:** 9 A.M. to 5 P.M.

**Projects and services we will undertake to provide at the village:**

1. Water Project

2. Wish Upon A Smile : Oral Treatment and Awareness

3. Workshops - reproductive and hygiene workshops

4. Reusable sanitary napkins

5. Cultural exchange - take a few board games, soccer balls etc. to give to responsible parties for distribution

**Camp Expected Capacity: Approximate 5000 Children & 500 Adults**

**Medical Professionals**

**Program Directors:**

* **Dr. Amrit Nehru**, **DDS**, Bellflower Family Dental Services, USA
* **Dr. Rita Puri, MD**, Board Certified Anesthesiologist, USA

**Dental Consultants:**

* **Dr. Anurag Bhargava, BDS**, Fellowship program in Advanced General Education (FAGE), USA

**On site Lead Dentists at the Camp:**

* **Dr. Rainy Surana, BDS**, DentVilla Multi-Speciality Clinic, Mumbai,​ India

**\*** The camp will be supported and conducted with other dentists & dental students lead by the experts

**All Dentists and Medical professionals please provide for us to gain your permits:**

**Please forward scanned copies of CVs, First page of valid passport, Academic Transcripts and Registration Certificates with Professional bodies for all dentists and any other medics that intend to be a part of the camp.**

** Oral Health Camp Flow and progression of services**

**GENERAL VOLUNTEER INFORMATION FORM**

**List of areas volunteers needed for**

1. **Oral health workshop**
2. **Oral health education**
3. **Reproductive health workshops**
4. **Cultural activities**
5. **Food camp**
6. **Administration & Operations Crew**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date Of Arrival** | **Departure** | **First Name** | **Last Name** | **Phone** | **Email** | **Which service area would you like to help with** |
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**DENTAL VOLUNTEER INFORMATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date Of Arrival** | **Departure** | **First Name** | **Last Name** | **Phone** | **Email** | **Please list the kind of dental service you can provide** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**Please list Dental Equipment You can bring with you:**

**All Dentists and Medical professionals please provide for us to gain your permits:**

**Please forward scanned copies of CVs, First page of valid passport, Academic Transcripts and Registration Certificates with Professional bodies for all dentists and any other medics that intend to be a part of the camp.**

**Please let us know your technical skills and other skills that can help us with the camp**

In consideration for HopeB~Lit under Bayfield Foundation Inc. , admitting me as a volunteer for the "Program", which may involve travel to Uganda,Africa.

I hereby:

(a) release and discharge the Foundation from any liability or responsibility for any injury or disease (including death), and for any damage to or loss of property, howsoever caused, that I suffer as a result of or in connection with my participation in the Program or any travel related to the Program, including, without limitation, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the Foundation or other employees or agents of the Foundation; and

(b) agree not to raise any claim or to institute any legal action or proceeding against the Foundation for any cause of action that may result from or arise out of or in connection with my participation in the Program or any travel related to the Program, including without being limited to, any cause of action that may result from or arise out of or in connection with the negligent acts or omissions of members of the Foundation or other employees or agents of the Foundation.

All references to the Foundation in this form shall include, and all provisions of this form shall inure to the benefit of, the Foundation members, officers, employees, agents, servants and representatives.

I consent to my image being used for camp documentation and appropriate camp articles. I will inform an appropriate representative of the Foundation named above of any special information regarding my health, physical or mental condition that may be relevant to my participation in the Program or any travel related to the program.

Name:

Date:

Signature:

By signing this document, I agree to the terms and conditions stated above.